

CITY OF TUMWATER

555 ISRAEL RD. SW, TUMWATER, WA 98501

(360) 754-4180

Email: cdd@ci.tumwater.wa.us

WIRELESS COMMUNICATION FACILITY Application

TUM -	DATE STAMP
RCVD BY	

Accessory WCF application fee: \$110.00 per antenna; Attached WCF application fee: \$330.00 per carrier; Freestanding WCF application fee: \$1,100.00 per structure; Colocation on freestanding WCF application fee: \$330.00 per carrier; Request for Administrative Deviation fee: \$247.50 per request

SUBJECT PROPERTY	
ADDRESS OF PROPERTY (COMPLETE):	
PROJECT NAME:	PARCEL NUMBER(s):
APPLICANT (please print neatly)	
NAME OF APPLICANT:	
APPLICANT'S MAILING ADDRESS (COMPLETE):	
APPLICANT'S TELEPHONE(S):	APPLICANT'S E-MAIL:
PROJECT REPRESENTATIVE	
NAME OF PROJECT REPRESENTATIVE:	
REPRESENTATIVE'S MAILING ADDRESS (COMPLETE):	
REPRESENTATIVE'S TELEPHONE(S):	REPRESENTATIVE'S E-MAIL:
PROPERTY OWNER	
NAME OF PROPERTY OWNER:	
OWNER'S MAILING ADDRESS (COMPLETE):	
OWNER'S TELEPHONE(S):	OWNER'S E-MAIL:
PROJECT DESCRIPTION (attach additional she	eets and documentation, as needed)
frequency emissions and will be designed, sit addressing radio frequency interference. I affir application are correct and accurate to the bes site or am duly authorized by the owner to act and all employees and representatives of the C	ss communication facility will comply with federal standards for radio ed, and operated in accordance with applicable federal regulations m that all answers, statements, and information submitted with this et of my knowledge. I also affirm that I am the owner of the subject with respect to this application. Further, I grant permission to any city of Tumwater and other governmental agencies to enter upon and to process this application. I agree to pay all fees of the City that
Signature of Applicant/Representative	Date

Please attach the Wireless Communication Facility submittal checklist to this Application.