FOREST PARK, OHIO

WIRELESS AND CELLULAR TELECOMMUNICATIONS

TOWERS AND FACILITIES APPLICATION ...

Telecommunications carriers services for a fee directly to t	and service providers that on the control in the co	Zoning Ordinance, all Wireless offer to provide any telecommun City of Forest Park or outside the hall attend a pre-application co	nications ne corporate
Is this a request for: (Please	e check the following):		
Co-Location of te	new telecommunication tow lecommunications facility on ons facility attachment to exi	existing tower?	
a. SITE INFORMATION			
Telecommunication Company (Service Provider)		Name of Office or Authorized Agent	
Address		Title	
011 01 1 7		-	
City, State, Zip		Phone/Fax/E-Mail	
Address where Telecommuni	cations Facility is located		
acre of sq. ft.			Lineal Feet
Size of Parcel	Zoning of Parcel	Distance from closest F Land Use/District	

b. ATTACHMENTS:

Plan requirements for the construction of a new Wireless/Cellular Telecommunications Tower and for the Co-location of Telecommunications Equipment is set forth in Section 150.307 of the Forest Park Zoning Ordinance. In addition, all registrants shall attach the following information to the Wireless/Cellular Telecommunications Application:

1.	A description of the telecommunications services that the registrant intends to offer or provide to persons, firms, businesses or institutions within the City.			
2.	Information sufficient to determine that the applicant has applied for and received any construction permit, operating license or other approvals required by the Federal Communications Commission (FCC) to provide telecommunications services or facilities within the City.			
3.	For any telecommunication facilities which are co-located, provided information as to the names of other service providers located on the tower, and the expiration date of the lease for co-location.			
C.	FEES:			
	Application Fee: Each application shall be accompanied by the following fee:			
	Co-located facility \$150.00 Telecommunication Tower \$250.00			
Amou	nt Paid Date Received By			
d.	CERTIFICATION:			
	I certify that the following information, including any attachments, is correct to the best of my knowledge. I understand that knowingly falsifying this information may be grounds for the denial of this application.			
Printe	d Name and Title Signature			