

Special Use Permit Number _____
(To be assigned)

Date _____

TELECOMMUNICATIONS FACILITIES SPECIAL USE PERMIT APPLICATION

TOWN OF NICHOLS PLANNING BOARD

Application Fee \$4,000
Co-location Application Fee \$1,000
Make check payable to TOWN OF NICHOLS

I (WE) _____ OF _____
NAME OF APPLICANT STREET ADDRESS

CITY TOWN OR VILLAGE STATE ZIP CODE PHONE NUMBER

EMAIL ADDRESS _____ TAX MAP NUMBER _____

ZONING DISTRICT: _____

LOCATION OF PROPERTY:

HEREBY REQUEST THE PLANNING BOARD FOR A TELECOMMUNICATION FACILITY SPECIAL USE PERMIT/CO-LOCATION PERMIT FOR:

PURSUANT TO THE TOWN OF NICHOLS, NY CODE CHAPTER 168 TELECOMMUNICATIONS FACILITIES LAW.

ADJACENT PROPERTY OWNERS:

CONTINUE TO NEXT PAGE

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA :

Sworn to this _____ day of _____, 20____

NOTARY PUBLIC

APPLICANT SIGNATURE

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