

Permit No. _____
Date _____

TOWER SPECIAL USE PERMIT APPLICATION

TO THE TOWN OF NICHOLS PLANNING BOARD

I (we) _____ of
Applicant(s)'s Name

Number & Street

City, Town or Village State Zip Telephone Number

hereby apply to the Town of Nichols Planning Board for a
Tower Special Use Permit/Co-Location Permit pursuant to
Local Law # 2 of 1998 in the Town of Nichols.

Location of the property _____

Tax Map Number _____ Zoning District _____

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA :

Sworn to this _____ day of _____, 20 _____

NOTARY PUBLIC

APPLICANT(S)'S SIGNATURE

APPLICATION FEES

\$4,000 Tower Special Use Permit

\$1,000 Co-location Permit

Please make check payable to the TOWN OF NICHOLS