



**COMMUNICATION TOWER
PLANS REVIEW SUBMITTAL FORM**
Montgomery County Building Department
350 Pageant Lane, Suite 309
Clarksville, TN 37040
(931)648-5718

Check One: NEW TOWER CO-LOCATE

PROJECT NAME: _____

Street Address: _____

City/State: _____ Zip Code: _____ County: _____

Map _____ Group _____ Parcel # _____ Zoning _____

Property Owner: _____ Telephone No. _____

Mailing Address: _____

Tower Owner (Colocate): _____ Telephone No. _____

Mailing Address: _____

Contractor: _____ License No. _____ Telephone No. _____

Mailing Address: _____

Architect/Engineer: _____ Registration # _____

Firm: _____ Telephone No. _____

Mailing Address: _____

Approximate Construction: Start date ____/____/____ Completion date ____/____/____

I hereby certify that, to the best of my knowledge and belief, the total construction cost (excluding land cost and site preparation) of this project will be: \$ _____

TOTAL PERMIT FEE (Based on Cost of Construction Chart) \$ _____

This "PLANS REVIEW" approval does not relieve the designing architect or engineer of responsibility for providing plans that are in compliance with applicable laws, rules or codes. (Rule 0780-2-3-.05 Statutory Authority TCA 68-120-101).

Owner/Authorized Representative

Date