



DORCHESTER COUNTY
COMMUNICATION TOWER PERMIT APPLICATION

Planning & Zoning Department
500 N. Main Street, Box 3
Summerville, South Carolina 29483
Phone: (843) 832-0020
www.dorchestercountysc.gov

Office Use Only

Date Received: _____ Staff: _____ Permit Number: _____

Fee: **\$ 50** Cash Check #: _____ Receipt #: _____

Instructions: Applicants must complete both pages of application and submit review fee with all required documents to the Planning & Zoning Department. Zoning and Building permit applications should be submitted at the same time. An application is not complete until all required information is submitted.

Applicant

Applicant Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email: _____

Application is for: New Tower (requires TRC) New antennae / Co-Locate Replacement Structural Only

Site Information

Address/Location: _____ TMS#: _____

City: _____ Zoning: _____

Property Owner: _____ Same as applicant

Address: _____

City: _____ State: _____ Zip: _____

Application Documents

- \$50.00** Planning & Zoning review fee
- Completed Zoning Application
- Certificate of Insurance (\$ 1 million)
- Engineer's Certification of RF compliance

Two (2) copies each:

- Building Permit Application (and/or Electrical Permit Application, as applicable)
- Structural Analysis Report
- Modification / Structural / Electrical / Construction Drawings (as applicable)

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(continued)

Acknowledgement

I hereby acknowledge by my signature that the forgoing application is complete and accurate and I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be posted and/or inspected. I understand that all fees are non-refundable.

Applicant Signature: _____ Date: _____

(Print Name, Title, Company)

Planning Staff Use Only:

Approved Approved with Conditions Denied Deferred

Approval with the Following Conditions: _____

Reviewed by: _____ Date: _____

Forwarded to Building Services: _____