

Temporary Personal Wireless Service Facility (PWSF) Application
Stephens County, Georgia
37 W. Tugalo Street
Toccoa, GA 30577
Phone: 706-886-94941 / Fax: 706-886-2185
www.stephenscountyga.gov



1. **Project Name:** _____

2. **Type of Facility:**

_____ Temporary Facility (COW)

_____ Modification or Replacement of Temporary Equipment

3. **Applicant Information (Wireless Provider)**

Firm/Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

4. **Agent Information (if different from Applicant Information)**

Firm/Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

5. **Property Owner(s) Information**

Owner(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

6. Support Structure Owner Information (if any)

Company: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

7. Property Information

Property Identification Number (Tax Parcel Number): _____

Address or General Street Location (nearest intersections): _____

Zoning District(s): _____

Current Land Use(s) on Parent Tract: _____

8. Facility Description

Latitude: _____ Degrees: _____ Minutes: _____ Seconds: _____ (NAD83)

Longitude: _____ Degrees: _____ Minutes: _____ Seconds: _____ (NAD83)

RAD Center: _____

Ground Elevation (AMSL)(ft): _____

Total Height of Facility (ASG) (ft): _____

FCC Antenna Structure Registration Number (ASR), if applicable: _____

9. Description of Proposed Use

Please provide in narrative form a description of the proposed location, type of temporary structure, duration of proposed location not to exceed 60 days (subject to a one time extension of an additional 60 days for good cause), type of electrical service to be utilized and a description of temporary necessity requiring the Temporary Facility. Attach additional sheet, if necessary.

APPLICANT CERTIFICATION

This affidavit acknowledges that the applicant represents and certifies that the following are true and accurate:

1. All statements, certifications and representations supplied in this application are true and correct and the person(s) signing the application is/are duly authorized to execute this application and otherwise to act on behalf of the applicant;
2. The proposed Temporary Facility will comply with FCC regulations regarding susceptibility to radio frequency interference (RFI), frequency coordination requirements, general technical standards for power, antenna, bandwidth limitations, frequency stability, transmitter measurements, operating requirements and any and all other federal statutory and regulatory requirements relating to RFI;
3. The proposed Temporary Facility will comply with and at all times will be maintained and operated in accordance with, all applicable FCC rules and regulations with respect to environmental effects of electromagnetic emissions.
4. All improvements constructed, as part of the Temporary Facility will comply with all applicable building codes.

Applicant Signature

Date

Printed Name

Applicant Signature

Date

Printed Name

SUBMITTAL REQUIREMENTS

1. **Application Completeness:** The application must fill out in its entirety and all applicable items submitted before it will be processed.

2. **Application Fees:** All fees must be submitted at time of application. Fees are as follows:
 - A. Temporary Facility Review Fee - _____

3. **Application Submission Locations:**

Submit to: Phyllis Ayers, Stephens County Administrator/Planning Director, 37 West Tugalo Street, Toccoa, GA 30577 Phone: 706-886-7533.