

**CITY OF GAHANNA, OHIO
DEPARTMENT OF DEVELOPMENT
APPLICATION FOR PERSONAL WIRELESS SERVICE FACILITIES ("PWSF")
(Pursuant to City of Gahanna Codified Ordinance Chapter 1181
also known as City of Gahanna Personal Wireless Service
Facilities Ordinance ("PWSF Ordinance"))**

Application/Permit # _____

APPLICANT INFORMATION (Please print or type) (Section 1181.08.A)

Has Applicant attended a Pre-Application Conference with City of Gahanna (Section 1181.11) Yes No
 Is Applicant a Carrier Landowner or Proposed Owner (Section 1181.04.D)
 Is Applicant an Assignee or Transferee (Section 1181.04.G)

Business Name (If Co-Applicant(s), see Attachment "1") Contact Person: Business Address:	Phone Number: Fax Number: Email:
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Agent Name: Business Address:	Phone Number: Fax Number: Email:
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Type of Entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Limited liability company Type (State): _____ Date Entity Formed: _____	<input type="checkbox"/> Partnership _____
State/Where Entity Formed:	_____	_____	_____

24 Hour System Representative(s) (in order to be contacted):			
Name	Business #	Mobile #	Email
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____

PERSONAL WIRELESS SERVICE FACILITY FEE (in accordance with Section 1181.08.G and Chapter 148)

US \$2,000.00 Attached Method of Payment

Location and Siting Information (Section 1181.08.B & C):

Narrative Information (Section 1181.08.E)

THE FOLLOWING INFORMATION MUST BE PROVIDED (IF APPLICABLE), LABELED AND IDENTIFIED IN THE ORDER AND MANNER SHOWN BELOW FOR YOUR APPLICATION TO BE CONSIDERED "COMPLETE." AN OFFICER OF THE APPLICANT OR OTHER LAWFULLY AUTHORIZED INDIVIDUAL MUST SIGN YOUR APPLICATION.

- _____ **Exhibit "A"** Zoning and Building Permits (Section 1181.03)
PWSF Permit or other permit(s) (Section 1181.04.UU) [If previously issued]
- _____ **Exhibit "B"** Rights of Way Usage Information (Section 1181.04.FFF)
- _____ **Exhibit "C"** Site Location Information (Section 1181.06.A and B and 1181.08.C)
- _____ **Exhibit "D"** Design Information (Section 1181.06.B & 1181.08.D)
- _____ **Exhibit "E"** Safety Information (Section 1181.06.C)
- _____ **Exhibit "F"** Fall Zone Information (Section 1181.07.A)
- _____ **Exhibit "G"** Setback Information (Section 1181.07.B)
- _____ **Exhibit "H"** Location Information (Section 1181.08.B & 1181.08)
- _____ **Exhibit "I"** Narrative Information (Section 1181.08.E)
- _____ **Exhibit "J"** Fire Safety Information (Section 1181.08.E.4)
- _____ **Exhibit "K"** Geographic Information (Section 1181.08.F)
- _____ **Exhibit "L"** PWSF Application Fee (Section 1181.08.G and Chapter 148)
- _____ **Exhibit "M"** Alternative Analysis and Comparison Information (Section 1181.09)
- _____ **Exhibit "N"** Previously Approved Co-Location Information (Section 1181.14.B)
- _____ **Exhibit "O"** Additional Information Applicant would like to submit
- _____ **Exhibit "P"** Additional Information as may be requested by the City of Gahanna

On behalf of _____ (Applicant), I hereby acknowledge that I have reviewed the City of Gahanna Codified Ordinance Chapter 1181 and certify that to the best of my knowledge the above and all attached information is complete and correct and conforms to Chapter 1181, as of this _____ day of _____, 20____.

Name Title

STATE OF OHIO :
COUNTY OF _____ : ss.

Before me, a Notary Public in and for said State and County, personally appeared _____ (Name), on behalf of _____ (Applicant), its _____ (Title), who acknowledged the signing of the foregoing Application, who states that this is the free act and will of the Applicant and that they are authorized by the Applicant to sign this Application.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal on the _____ day of _____, 20____.

Notary Public

Attachment "1" (Complete a continuation sheet for each Co-Applicant)

CO-APPLICANT INFORMATION (Please print or type) (Section 1181.04.Q)

Co-Applicant Business

Name: _____
Contact Person: _____
Business Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

Agent Name: _____
Business Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

Type of Entity: Corporation
 Other: _____

Limited liability company Partnership
Type (State): _____
Date Entity Formed: _____

State/Where Entity Formed: _____

24 Hour System Representative(s) (in order to be contacted):

Name	Business #	Mobile #	Email
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____

STATE OF OHIO :
COUNTY OF _____ : ss.

On behalf of _____ (co-Applicant), I hereby acknowledge that I have reviewed the City of Gahanna Codified Ordinance Chapter 1181 and certify that to the best of my knowledge the above and all attached information is complete and correct and conforms to Chapter 1181, as of this _____ day of _____, 20____.

Name Title

STATE OF OHIO :
COUNTY OF _____ : ss.

Before me, a Notary Public in and for said State and County, personally appeared _____ (Name), on behalf of _____ (co-Applicant), its _____ (Title), who acknowledged the signing of the foregoing Application, who states that this is the free act and will of the co-Applicant and that they are authorized by the Applicant to sign this Application.

Notary Public