



WIRELESS COMMUNICATIONS FACILITIES BUILDING PERMIT

CITY OF DOVER, DELAWARE

Department of Planning & Inspections
15 Lookerman Plaza, PO Box 475 Dover DE 19903
permitsandlicenses@dover.de.us

WCF Project Location Name _____

Address/Location _____

Tax Parcel _____

Latitude/Longitude _____

Right-of-Way/Street _____

WCF Applicant Name _____

Applicant's Address _____

Applicant's Email & Phone _____

Application Contact Person (Name, Phone & Email) _____

Dover Business License # _____

Property Owner's Name & Address (If Different) _____

Type of WCF Activity: _____ Small WCF
_____ Eligible Facilities Request _____ Substantial Change _____ New Facility

Project Description:

Height of WCF _____ Height of WSS _____

Height of Adjacent Items _____

Proximity to National Register Listed Property _____

Master License Agreement Reference _____

Construction Value: _____

Office Use Only

Permit Number _____

Roll Plans Fold Plans CD/Email

Submission Items:

Cover Letter
Small WCF Checklist
Plans
Photos
ROW Use Permit
PW Renovation Checklist
Other Agency Permits:
KCD DeIDOT

Date Received _____

Date Issued _____

Flood Plain Y N Taxes Y N

Historic District Y N Zoning _____

Review Timeframes

Incomplete Notice: 10 30 days

Date: _____

Approval Within: 60 90 150 days

Date: _____

Final Inspection Required _____

Future Action:

Annual Pole Attachment Fee
Annual ROW Use Fee

Review Approvals

() Planning/Zoning Date Initials

() Electric Date Initials

() Public Works Date Initials

() Building Date Initials

() Fire Plan Date Initials

FEES

ROW Permit Fee _____

WCF Permit Fee _____

Total PERMIT Fees _____

Fees Paid ()

Check # _____ Cash _____ CC _____

Collected By _____ Date _____

Certification in Lieu of Oath

I hereby certify that I am the owner of record or a contractor authorized by the owner of record to make this application, and that all work will be performed in accordance with the applicable Codes and Ordinance

Signature _____ Print Name _____ Date _____