



## Small Wireless Facility Permit Application

### Applicant Information:

Permit Number: \_\_\_\_\_

Name: _____	Business Name: _____
Address: _____	
Email: _____	Phone Number: _____

### Wireless Service Provider Information:

Contact Name: _____	WSP Name: _____
WSP Address: _____	
Email: _____	Phone Number: _____

### Structure Owner Information:

Contact Name: _____	Company Name: _____
Address: _____	
Email: _____	Phone Number: _____

### Project Information:

Site Location Address: _____	TMS#: _____
Proposed Structure Type: _____	
Description of proposed scope of work: _____	
_____	
_____	
_____	
<ul style="list-style-type: none"><li>• Include all specs on proposed project. Antenna, equipment and electrical specs if applicable.</li><li>• If applicable, provide a copy of the SCDOT Right-of-way encroachment permit.</li><li>• Provide lease, attach agreement, or other authorization from owner of utility pole or structure proposed for Collocation.</li><li>• Applicant/contractor must acquire a Town of Lexington Business License if one has not already been obtained.</li></ul>	