



Forsyth County Department of Building and Economic Development
110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2114 | forsythco.com

CELL TOWER ANTENNA ONLY

PERMIT PACKET

CHECKLIST

Please complete the entire application package, including:

Permit Details Form

Contractor: Provide applicable state and business license. Please do not include copies of driver's license.

Provide 2 sets of plans with all specifications (1 set must be 8 ½ by 11)

Electrical Affidavit

Required. (Must be signed, notarized and submitted with building permit application with copies of current business license, state contractor license). Please do not include copies of driver's license.

Temporary Toilet – Required if no toilet facility available. Obtain at the Forsyth County Environmental Health Department (770-781-6909) prior to applying for building permit.

Fees – Fee for Co-Locate application is \$200. Accepted forms of payment Visa/ MasterCard, check, or cash.

GENERAL INFORMATION

*****If you are adding an equipment shelter
you must submit plans for commercial plan review*****

****All site plans and permit cards are to remain onsite
until a Certificate of Completion has obtained*****

PERMIT DETAILS FORM

PROPERTY ADDRESS INFORMATION

Site Address: _____ City/State/Zip: _____

Subdivision Name and Lot # (if applicable) _____

CONTRACTOR INFORMATION (if applicable)

Business Name: _____ GA State License # _____

Email: _____ Phone#: _____

OWNER INFORMATION

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

PROJECT INFORMATION

Check one:

- Adding** additional antenna to existing tower
- Adding** additional antenna with equipment cabinet to existing tower
- Replacing** antenna on existing tower

Applicant's Name (if applicable): _____

Applicant's Signature (if applicable): _____ Date _____

Property Owner's Name: _____

Property Owner's Signature: _____ Date _____

**** If adding equipment shelter will need to do commercial permit application and will require plan review****

ELECTRICAL SUB-CONTRACTOR AFFIDAVIT

Site Address: _____

This is to certify that I am responsible for the **Electrical** installation and compliance with all applicable codes. I understand that Forsyth County requires Temporary Power Connection to Service Utilities before final inspection. I relieve Forsyth County and its Inspectors from any liability for damages or loss of property or improper installation.

Company Name

State License #

Licensed Electrical Contractor Signature

Notary Public Signature and Stamp

Date