



# Rockingham County Collocation Application

## Application

**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate:            Wireless Provider            Tower Owner            Property Owner            Other

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Structure Owner:** \_\_\_\_\_

**Property Location:** (N S E W) of (Road Name) \_\_\_\_\_ (Route #) \_\_\_\_\_  
approximately \_\_\_\_\_ miles/feet (N S E W) of (Road Name) \_\_\_\_\_  
(Route #) \_\_\_\_\_. **Election District #:** \_\_\_\_\_

**Property Tax Map Number(s):** \_\_\_\_\_

**Number of acres in rezoning request:** \_\_\_\_\_ **Current Zoning:** \_\_\_\_\_ **Proposed Zoning:** \_\_\_\_\_

**Size and Height of Existing Structure:** \_\_\_\_\_

**Proposed Height with Collocation:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Landowner

\_\_\_\_\_  
Applicant or Agent

\_\_\_\_\_  
Date