Department of Planning and Development

446 West Crogan Street • Lawrenceville, GA 30045-2440 (tel) 678.518.6000 www.gwinnettcounty.com



CELL TOWER REGISTRATION FORM

		STRUCT	URE INFORMAT	TION	
Re	gistration (check box): \Box I	First-Year 🗌 Ar	nual Renewal		
Na	me (or ID#) of Cell Tower:			Submittal Date:	
Parcel #:GIS Coordii					
Sit	e Address:				
Ту	pe of Tower: \square Guyed	Lattice	☐ Monopole	Other:	
Ov	erall Height:	_ Base Width:		Year of Original Construction:	
Lis	t all licensed holders that o	o-locate at this to	wer facility. Atta	ch a separate sheet if necessary:	
1. ,			4		
3.			6		
		STRUCTURE	OWNER INFOR	MATION	
Na	me:		Con	tact Person:	
Ad	dress:				
Ph	one No.: ()	-	Email Address:		
		PROPERTY	OWNER INFORI	MATION	
Name:			Contact Person:		
Ad	dress:				
PL	EASE NOTE:				
1.	All privately owned cell towers must be registered annually by May 1 st of each calendar year. Annually thereafter, each subsequent registration shall identify any transfer of ownership of such tower, and/or any modifications to such tower which occurred during the preceding calendar year. Upon change of ownership, the new owner shall apply for a new registration. The first-year registration fee is \$100 and the annual renewal fee is \$50 for each structure, payable to Gwinnett County.				
2.	The registration of such tower does not exempt it from compliance with any other codes and ordinances of Gwinnett County.				
3.	Tower Inspection: Towers that were constructed more than 10 years prior to the submittal of the annual registration must be inspected by a registered professional engineer at least once every three (3) years. If an inspection is required, please complete page 2 of this form.				
****	*************	******* P8	&D STAFF ONLY ****	*************************************	
BLI)		TSTRACKER #:		

TOWER INSPECTION FORM

l,	, hereby ce	ertify that on	, 20,
the cell tower located at _			
and owned by			······································
was inspected. Such insp	pection revealed that there v	were no signs of da	mage, disrepair,
or other hazardous condit	ions related to such cell tow	ver, except as speci	fically noted
below.			
	Signature:		
	Name:	Title:_	
	Address:		
Please identify any	signs of damage, disrepair	or hazardous cond	itions related to
the cell tower inspected:			