

## City of Chilliwack - Telecommunication Antenna Structures Application

Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:	, , ,	which this Telecommunication Anter			
Contact:					
Contact:					
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:	rpose of application: (a	attach complete application pa	ckage as per Polic	cy Directive G-2.	2)
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:					
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:					
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:					
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:					
Quantity:  T: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Applicant:  Contact:  Postal Code:	ETAILS:	sile.			
r: (If owner is not able to sign application, please provide a letter of authorization)  Signature:  Postal Code:  Phone: Cell: Fax:  Applicant:  Contact:  Postal Code:	Site Profile Quantit				
Signature:  Postal Code:  Phone: Cell: Fax:  Applicant:  Contact:  Postal Code:	TAS fee	<i>Y</i> -			
Signature:  Postal Code:  Phone: Cell: Fax:  Applicant:  Contact:  Postal Code:					
Phone: Cell: Fax:  Applicant:  Contact:  Postal Code:	Owner: (If own	er is not able to sign applicatio	n, please provide	a letter of auth	orization)
Phone: Cell: Fax:  Applicant:  Contact:  Postal Code:	ame:		Signature:		
Applicant:  Contact:  Postal Code:	ddress:				:
Contact:  Postal Code:	mail*:	Phone:	Cell:	Fa	x:
Contact:  Postal Code:					
Postal Code:		Applica	nnt:		
	ame:		Contact:		
Phone: Cell: Fax:	ddress:			Postal Code	:
		Phone:	Cell:	Fa	x:
er <u>and</u> applicant is required for the application to be accepted by the City.	Name: Address: Email*:		Cell:	Post	
			red and hereby agr	ee to submit furt	her information
d to this application the attachments required and hereby agree to submit further information for processing this application.	in the models and for process	g approactor			
d to this application the attachments required and hereby agree to submit further information for processing this application.	Signature	Print Name			Date
for processing this application.					
for processing this application.	Signature	Print Name			Date