

**Spring Brook Township
Lackawanna County, Pennsylvania**

Annual License and Registration Renewal for Communications Facilities

For Calendar Year _____

Owner of Communications Facility _____

Is this a New Owner? Yes No Date Transfer of Ownership Occurred _____

Mailing Address _____

Contact Person Name and Telephone Number _____

Contact Person E-mail Address _____

Location / Address of Communications Facility _____

Tower Site Name or Identification # _____

Is there any additional equipment / facilities co-located or attached to this facility or location? Yes No

If Yes, please provide additional information for each owner / co-locater.

Owner of Additional Equipment / Array _____

Mailing Address _____

Contact Person Name and Telephone Number _____

Contact Person E-mail Address _____

Type of Equipment Attached or Co-located at Facility _____

Owner of Additional Equipment / Array _____

Mailing Address _____

Contact Person Name and Telephone Number _____

Contact Person E-mail Address _____

Type of Equipment Attached or Co-located at Facility _____

**Spring Brook Township
Lackawanna County, Pennsylvania**

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Inspection History

Date of Most Recent Inspection at Facility _____

Please attach copy of inspection report.

On behalf of the Owner of the above referenced facility or equipment, I hereby apply for the annual license and registration for the _____ calendar year.

Signature of Owner's Representative

Date

As stated in Section 720.F of the Spring Brook Township Zoning Ordinance, operators of communication facilities shall license and register said facilities on a yearly basis with the Township. In the case of shared facilities, each operator of said facilities is required to be licensed and registered.

License and Registration Fee and Renewal (Due Annually) \$1,000.00

For Township Use Only

Inspection Completed By Zoning Officer Yes No Date _____

Findings or Deficiencies _____

Township Approval of License and Registration for Facility

Signature of Authorized Township Official

Date

Licensing and Registration Fee Paid By Facility Owner Yes No

Check # / Date / Amount _____

Licensing and Registration Fee Paid By Owner of Co-Located Equipment Yes No

Check # / Date / Amount _____