



TELECOMMUNICATIONS PERMIT APPLICATION



CITY OF COLUMBIA DEVELOPMENT SERVICES

Development Center • 1136 Washington Street, Columbia, SC 29201 • 803.545.3420 • Fax: 803.733.8699

DATE		SC LICENSE or CARD #		
JOB LOCATION				
OCCUPIED BY				
PROPERTY OWNER			<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL	
CONTRACTOR INFORMATION	Name:			
	Address:			
	Tel:		Fax:	
			E-Mail:	
DESCRIPTION OF WORK				
CHECK TYPE OF INSTALLATION				
<input type="checkbox"/>	TELEPHONE SYSTEM			
<input type="checkbox"/>	SOUND SYSTEM			
<input type="checkbox"/>	SECURITY SYSTEM			
<input type="checkbox"/>	COMMUNICATION SYSTEM			
<input type="checkbox"/>	OTHER:			
JOB VALUE <i>Equipment + Installation</i>	\$	COMPLETION DATE		
<small>It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Ordinance or other Ordinances of the City of Columbia, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.</small>				
SIGNATURE				
FOR STAFF USE	TMS#		ZONING DISTRICT	
ZONING REVIEW	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		DATE	