



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Collocation - Supplemental Questionnaire

PROPERTY ADDRESS

Location of collocation: _____

Name of provider: _____

Contact name: _____

Collocating antennas on:

- Existing tower
- Existing non-tower structure

Is this a new provider?

- Yes
- No

Other providers currently collocating on same tower or structure:

Indicate the previous approval: _____

(SDR, MMD #)

ANTENNA INFORMATION

Existing:

Height of antenna(s): _____ (sq. ft.)

Color of antenna(s): _____

Color of equipment: _____

Accommodating equipment: _____
(i.e. dishes)

New:

Height of antenna(s): _____ (sq. ft.)

Color of antenna(s): _____

Color of equipment: _____

Accommodating equipment: _____
(i.e. dishes)

Will new accessory equipment be installed? Yes No

Location of new accessory equipment?

- Within previously approved fenced area
- Within existing structure
- Other location: _____
(Please describe)

Will landscaping be removed to accommodate the accessory equipment? Yes No

If yes, describe here: _____

Applicant's signature

Print name

Date

FOR STAFF USE ONLY

Zone: _____

Approved
 Not Approved

By: _____ Date: _____

Reason not approved: _____

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