



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 #)

FOR STAFF USE ONLY

Zone: _____

Approved
 Not Approved

By: _____ Date: _____

Reason not approved: _____

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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 (please describe below)
 No

Applicant's signature

Print name

Date