

City of Andover
1609 E Central Ave
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Andover, KS 67002



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FEE: \$50.00

**CITY OF ANDOVER
CELL TOWER MODIFICATION PERMIT APPLICATION**

PROJECT ADDRESS _____

OWNER NAME & PHONE _____

CONTRACTOR NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ CELL PHONE _____

E-MAIL _____

CLASS OF WORK: _____ Minor Repair _____ New Addition _____ Existing Alteration

DESCRIPTION OF WORK _____

Project Plans and/or Structural Analysis are required to accompany this application.

This application is for all cell tower modification projects that do not bring any structural changes to the tower, which may otherwise require a building and/or a zoning permit.

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The **QUALIFIED PERSON** must always sign.

(Print) Name of Contractor

Signature of Contractor Date

(Print) Name of Owner

Signature of Owner Date