## UCC PERMIT APPLICATION Cell Tower

DATE:		MUNICIPALITY:			
OWNER:		JOB ADDRESS:			
PHONE:			COST OF	CONSTRUCTION:	
SCOPE OF	F WORK BEING DONE:				
	CONTRACTOR NAME:			PHONE:	
MAF	P# OR LOT & BLOCK#:				
NOTICE:	(Act 45) of the Commonwealth of PA. I understand my project may be suspended for violation of the aforementioned. I certify that all statemnts on this form are true and correct.				
		SIGNATURE >	(		
	Twp. Admin. Fee: Inspection Fee: PA State Fee:	(Tow	nship use only)		
	Total Fees Due:				
		F	Approved for issue date:		
	Bv.				