CITY OF TALLAHASSEE
GROWTH MANAGEMENT

Mail: 300 South Adams Street, B-28, Tallahassee, Florida 32301
Physical: 435 North Macomb St., 1st flr, Tallahassee, Florida 32301
Building Inspection: (850) 891-7050; Fax: 891-7099

TOWER MODIFICATIONS AND CO-LOCATES
LEASE AUTHORIZATION FOR CONSTRUCTION ACTIVITIES

I, _____, of _____,
print name

hereby attest that _____, has a leasehold interest in the
company name (lessee)

tower indicated below, and is authorized under said lease and by the tower and property owner, to make certain modifications to the tower installation as required and authorized under said lease and as regulated under state and local laws and building codes.

Parcel I.D. Number ☐☐-☐☐-☐☐-☐☐☐-☐☐☐☐ Permit # TBB _____

Tower Owner: _____

Tower Address: _____

Contractor's Name _____ Contractor's License #_____

By signing below, I further attest that I am an agent of the lessee as indicated above, and authorized to apply for and coordinate the required permit applications as necessary for the work to be permitted under said permits. The application is made in good faith and all information contained therein is accurate and complete to the best of my knowledge and belief.

Signature Print Name Date

NOTARY INFORMATION (Please use appropriate block.)

STATE OF _____
COUNTY OF _____

Individual
Before me, this _____ day of _____, 20___, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation
Before me, this _____day of _____, 20___, personally appeared _____ of_____, a_____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership
Before me, this _____ day of_____, 20_____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Government Entity
Before me, this _____ day of _____, 20___, personally appeared _____ _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

NOTARY STAMP:

_____
Signature of Notary

My commission expires:_____

_____
Print Notary Name

Identification Method: _____ Personally known.
_____ Produced I.D. – Type:_____