



CITY OF EVANSTON

1200 Main Street, Evanston, Wyoming 82930
Ph.# (307) 783-6470 Fax: (307) 783-6490
Web: www.evanstonwy.org



Wireless Communication Tower Application

\$1000.00 + building permit as applicable

(Colocation requires a building permit only)

Zoning: _____ Location: _____

Legal Description: _____

Reason for request: _____

Name of applicant: _____

Mailing address: _____

Phone number: _____

Name of property owner (if applicant is NOT the property owner): _____

Mailing address: _____

Phone number: _____

Signature of applicant: _____ Date: _____

----- BELOW FOR OFFICE USE ONLY -----

Date filed: _____ Hearing date: _____ Case #: _____ Receipt #: _____

Planning Department Action: Approved Denied Tabled Withdrawn Stipulations

Stipulations: _____ Date: _____

Signature of Planning Secretary _____

I wish to appeal to the Planning and Zoning Commission Signature: _____

Planning and Zoning Commission/Board of Adjustment Action: Approved Denied Tabled
 Withdrawn Stipulations

Stipulations: _____ Date: _____

Signature of Planning and Zoning Secretary _____

I wish to appeal to City Council Signature: _____

City Council Action: Approved Denied Tabled Withdrawn Stipulations

Stipulations: _____