

Skyway Towers Narrowband Collocation Application



SUBMIT APPLICATION TO:	Collo@skywaytowers.com	Date Received :	
Skyway Towers Contact:	Sara Benson 813-960-6200	Revision Dates:	
		Skyway Site ID:	
		Skyway Site Name:	

APPLICANT INFORMATION

Applicant (Carrier):		Primary Contact Name:	
Applicant Site Name & Number:		Company Name:	
Preferred Installation Date:		Primary Contact Phone:	
Proposed ON AIR Date:			
Applicant Entity Name on SA:		Primary Contact Email:	
Notice Address for License:			
Billing Address:			

ADDITIONAL CARRIER INFORMATION

Construction Contact Name/Number:			
Emergency Contact Name/Number:			
Accounts Payable Contact (Required):	Name:	Number:	e-mail:
	Address:	City:	State: Zip:

SKYWAY TOWERS - TOWER INFORMATION

Latitude:		N	Existing Structure Type:	
Longitude:		W	Tower Height:	
Site Address:			County:	

*** NOTE:** Applicant or their Contractor are required within 30 days of installation to submit a closeout package to Skyway Towers.
For all unipole or flagpole towers, carrier shall use 7/8" coax or smaller through the wagon wheels of the canisters.

EQUIPMENT SPECIFICATIONS

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Sector	Sector 1	Sector 2	Sector 3	AUX (can be used for Microwave, LNA, or GPS antenna information)
Desired RAD Center (ft AGL)				
Antenna Quantity (PER SECTOR)				
Antenna Manufacturer				
Antenna Model (Attach Spec Sheet)				
Weight (lbs per antenna)				
Antenna Dimensions (HxWxD) (in)				
ERP (watts)				
Antenna Gain (dB)				
Orientation/Azimuth (Degrees)				
TMA/RRU/ ODU Quantity				
TMA/RRU/ ODU Manufacturer & Model				
TMA/RRU/ ODU Dimensions (HxWxD) (in)				
TMA/RRU/ ODU Weight				
Mount Mfg and Model (Attach Specs)				
Tower Mount Mounting Height (On Tower)				
Transmit Frequency (MHz)				
Receive Frequency (MHz)				
Number of Coax Cables (PER SECTOR)				
Diameter of Coax Cables (in)				
Type of Service:				
GROUND SPACE REQUIREMENTS				
Total Required Ground Space Dimensions (WxD)(ft):				
Ground Equipment Description:				
Generator information (if none required mark N/A)				
POWER REQUIREMENTS				
AC Power:		Required Voltage and Total Amperage:		
Electrical Service Provider:		Electrical Service Telephone Number:		
Description of Proposed Installation & Final Configuration (allowable configuration)				

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- This Application is subject to Skyway Towers Site Engineering and Real Estate approval.
- Ground lessor consent may be required as a condition to the execution of your lease.
- Modifications to the tower site may be subject to local zoning approval.
- If available, attach manufacturer's equipment specifications for antennas, mounts, cabinets, shelters, etc.
- When requesting ground space, do not include a buffer around your desired physical footprint. Skyway Towers, at its sole discretion, will provide a non-exclusive buffer between your installation and other proposed and/or existing tenants to allow for access and maintenance
- Tenant covenants that Tenant's Equipment and the construction, installation, operation, maintenance, repair, removal or replacement thereof shall not damage the Tower or improvements or interfere with the use of the Tower by Landlord or other existing users on the Tower. Should Tenant cause any damage or interference to the Tower or equipment of other existing users, Tenant shall be solely responsible for all costs associated with any required repairs, removal or replacements.
- Tenant work shall be completed in accordance with the Skyway approved application.

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www.skywaytowers.com

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