

800 MHz COMMUNICATION ENHANCEMENT SYSTEM AFFIDAVIT FORM

PROPERTY INFORMATION		
Site Address:	City/Town:	Zip:
Owner's Name:		
Owner's address:	City:	Zip:
APPLICANT'S INFORMATION		
Company Name:	License #:	
Point of contact:	Phone:	
Address:		
City:	State:	Zip:
Fax:	Email:	
CONTRACTOR'S STATEMENT		
☐ I acknowledge that the required documentation demonstrating in-building radio coverage shall be provided prior to final building inspection. ☐ I acknowledge that if determined, during the in-building radio coverage test, that a signal booster/Two-Way Radio Enhancement System is needed, I shall comply with the adopted NFPA 72.		
Total Bldg Sq Ft:		
APPLICANT'S SIGNATURE		
Signature of applicant:	Date:	
Print Name:		
BREVARD COUNTY EMERGENCY MANAGEMENT ACKNOWLEDGEMENT (OFFICE USE)		
Signature of acknowledgement:	Date:	
Authorization Number: BREV-		

Checklist:

- ☐ Floor Plan(s) with testing grid and dimensions in accordance with the adopted NFPA 72