

TELECOMMUNICATIONS FACILITY PERMIT APPLICATION



APPLICANT INFORMATION

APPLICANT / UTILITY PROVIDER:	UTILITY PROVIDER CONTACT:
ADDRESS:	CITY / ST / ZIP:
PHONE:	EMAIL:

PROJECT INFORMATION

CONSTRUCTION MANAGEMENT COMPANY:	PROJECT MANAGER:
ADDRESS:	CITY / ST / ZIP:
PHONE:	EMAIL:

TYPE OF PROJECT

- NEW CONSTRUCTION ALTERATION PRE-PERMIT EVALUATION

ANTENNA TYPE

- CO-LOCATED ANTENNA STRUCTURE FREE STANDING ANTENNA STRUCTURE

LOCATION AND SCOPE OF WORK

NARRATIVE: (PLEASE BE SPECIFIC)

PROPERTY OWNER INFORMATION

PROPERTY OWNER:	APN:
ADDRESS:	CITY / ST / ZIP:
PHONE:	EMAIL:
GPS (LAT / LON):	

UTILITY / INFRASTRUCTURE INFORMATION

NEW UTILITY SERVICE TO BE INSTALLED ON SITE

- ELECTRICAL NATURAL GAS WATER SEWER FIBER/TELEPHONE ROADS / CURB / GUTTER

MODIFICATION OF PRE-EXISTING ON SITE SERVICE

- ELECTRICAL NATURAL GAS WATER SEWER FIBER/TELEPHONE ROADS / CURB / GUTTER

BILLING CONTACT INFORMATION

CONSTRUCTION PERMIT

ENTITY TO BE BILLED FOR CONSTRUCTION PERMIT:	BILLING CONTACT:
ADDRESS:	CITY / ST / ZIP:
PHONE:	EMAIL:

ANNUAL TELECOMMUNICATIONS PERMIT RENEWAL

ENTITY TO BE BILLED FOR ANNUAL PERMIT RENEWAL:	BILLING CONTACT:
ADDRESS:	CITY / ST / ZIP:
PHONE:	EMAIL:

INFORMATION REQUIRED FOR SUBMITTAL

- | | |
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| <input type="checkbox"/> LEASE OR DEED FOR SITE PROPERTY | <input type="checkbox"/> LIABILITY AND WORKMANS COMP FOR CONTRACTORS AND SUBS |
| <input type="checkbox"/> COMPLETE BUILDING PLAN (MECHANICAL/ELECTRICAL/STRUCTURAL) | <input type="checkbox"/> CONTRACTORS REGISTRATION FOR ELECTRICAL/PLUMBING/MECHANICAL |
| <input type="checkbox"/> FCC LICENSE OR AUTHORIZATION | <input type="checkbox"/> |
| <input type="checkbox"/> FAA AUTHORIZATION (IF APPLICABLE) | <input type="checkbox"/> |