



**CITY OF LAUREL
INSPECTION DEPARTMENT
401 N 5TH AVE LAUREL MS 39440
(601) 428-6438**

Permit #: _____

Approved by: _____

Date Approved: _____

Date Issued: _____

COMMUNICATION TOWER APPLICATION

NOTE: NEW TOWERS MUST HAVE SITE PLAN APPROVAL PRIOR TO ISSUANCE OF ANY PERMIT.

SITE PLAN APPROVED: Yes _____ No _____ DATE: _____

Contractor Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Owner Contact Information:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

CELL TOWER ID: _____ Project Address: _____

STRUCTURE NEW: CO-LOCATE: UPGRADE: OTHER: _____

HEIGHT OF TOWER: _____ ANY HEIGHT TO BE ADDED? _____ OTHER: _____

OF ADDITIONAL ANTENNAS/LOCATES ADDED: _____ OTHER: _____

SETBACKS FROM ADJOINING PROPERTY: FRONT _____ BACK _____ NEAREST SIDE _____

SUBCONTRACTOR LIST:

TOTAL JOB COST: _____ **PERMIT COST:** _____

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

BY MY SIGNATURE, I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. I FURTHER AGREE THAT ALL WORK WILL COMPLY WITH CITY STANDARDS AND ORDINANCES IN ACCORDANCE WITH THE GOVERNING JURISDICTION OF THE CITY OF LAUREL.

Signature _____ Date: _____