

City of Jacksonville
Planning & Permitting Division
815 New Bridge Street/P.O. Box 128
Jacksonville, NC 28541
(910) 938-5232 or (910) 938-5235
Fax: (910) 938-5208
www.jacksonvillenc.gov

Wireless Telecommunication Facilities Application

Project Information Form

Please complete this form and provide it to Planning & Permitting in order that we may establish our database and initialize the project.

Applicant: _____ **Applicant Project Name & #:** _____

Applicant's Agent or Representative: _____

Address: _____

Applicant's Agent or Representative License #: _____

Total Project Cost: _____

Primary Contact Information

Contact Person (Site Acquisition):

*Contact Person (Carrier/Tower Company)
Must be the individual responsible for this project,
i.e. who can make decisions re the application:*

Phone No.: _____

Phone No.: _____

Fax No.: _____

Fax No.: _____

E-Mail Address: _____

E-Mail Address: _____

Location/Address: _____

Location/Address: _____

Contact Person (Support Structure Owner): _____

Phone No.: _____

E-Mail Address: _____

Fax No.: _____

Location/Address: _____

New Tower

Co-location

Modification

Site Address: _____

City:

County:

Tax Map Parcel/PIN # _____

Zone _____

Please provide a **DETAILED** narrative description of the wireless communications facilities work proposed and the reason or need for the work, e.g. gap in coverage, capacity, change in technology. Do not assert a gap, unless there is truly a gap in service.

Applicable Version of EIA/TIA Structural Standards, i.e. Revision F or G _____

NOTE: All applicants must contact CTS to arrange for a Site Visit and Pre-Application Meeting (if required) as the first step and prior to submitting an application.

Applicant's Agent or Representative Signature