

For staff only:

Encroachment       DOT       CITY       N/A

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](http://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: \_\_\_\_\_

Total Leased Square Footage: \_\_\_\_\_

## Primary Contact Information

*Contact Person (Site Acquisition):*

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Location/Address: \_\_\_\_\_

*Contact Person (Carrier/Tower Company)*

*Must be the individual responsible for this project,  
i.e. who can make decisions re the application:*

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail 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.

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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