

## **Cell Tower Permit Application**

Project Address:					
Project Name (if app	olicable):				
Class of Work:	New Tower 🗆	Addition	Renovation	Repair 🗆	Demo □
Description of Work	:				
Dollar Value of Prop	osed Work:				
Proposed Height of	Work:				
Proposed Location o	of Work:				
Owner Name:		-	ntractor Information		
Address:					
Architect/Engineer ( Address:	if applicable):				
Contractor:			State License #: _		
Phone #:		Email:		Fax #:	
Contact for Permit R	Related Information	: Owner	☐ Architect ☐	Engineer	
Other:					
		Email:		Fax #:	
Signature of Applica	nt:			Date:	

## Requirements:

- Original submittal for a new development should include one (1) set of site plans.
- Plans must include a structural analysis report.
- Please mail copies of plans to P.O. Box 348, Statesboro GA, 30459.
- Electrical inspections are required for new installation of antennas & poles.
- Contractor must provide a copy of the Georgia issued state license.
- Signature is required upon pickup of permit, with payment of fee.
- Please allow seven (7) to ten (10) days for processing of permits.

This application must be filled out completely before the review process may begin.