

CITY OF VICKSBURG
WIRELESS COMMUNICATIONS APPLICATION
Please print all information requested

Applicant (Company) Name: _____
Contact Person: _____
Mailing Address: _____
Phone No.: _____ Fax No.: _____
Property Owner(s) Name: _____
Mailing Address: _____
Phone No.: _____
Email address: _____
Location (property address) of tower: _____
Tax Parcel Number(s): _____
Zoning District Classification: _____
Present Use of Property: _____

The following information must be submitted:

Site and landscape plan attached of subject property. Site and landscape plan should be drawn to scale indicating tower height, elevations, topographical contours, location, accessory structures, access to tower site and proposed fencing.

FCC Permit Number _____

Environmental analysis or statement signed by a licensed professional engineer indicating RF emissions do not exceed FCC standards.

Documentation that existing towers will not accommodate proposed antenna.

A list of all tower owners contacted, date of contact, and the form and content of contact.

A statement of intent to share space on the tower

	<u>Overall height from:</u>	<u>Grade</u>	<u>Mean Sea Level</u>
<input type="checkbox"/> New tower and antenna		_____	_____
<input type="checkbox"/> Antenna atop an existing tower (co-location)		_____	_____
<input type="checkbox"/> Antenna atop an existing structure		_____	_____

a. If installing both tower and antenna, please provide plans, inclusive of landscaping and inclusive of facilities.

b. If installing antenna only, please provide layout of support facilities (e.g. equipment room, etc.)

Are any other Towers or Antennae located at this site? No Yes (If yes, please identify same below)

Setbacks from street rights-of-way: Front _____ Side _____ Rear _____

Certifications:

FCC Approval No Yes (Attach Copy)

FAA Regulations No Yes (Attach Copy)

Number of miles from an existing tower _____

Are any infrastructure improvements required: No Yes

Signature of Property Owner

Date

Signature of Applicant

Date

STAFF USE ONLY

Date application received in the Community Planning Department: _____

Received by: _____

Date application reviewed by the Zoning Board of Appeals _____

Fee Paid: **\$500.00** Cash _____ Check _____

Date application **APPROVED** _____ **DENIED** _____

If application is approved are there any conditions set by the Zoning Board

If application is denied please state reason of denial:

