



APPLICATION FOR WIRELESS COMMUNICATION FACILITY PERMIT

Planning & Zoning, 300 South Church Street, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036
www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:
Applicant's Name (All Correspondence will be returned to this individual):		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (If Same, Input Same)		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Wireless Communication Facility Location	Type of Facility	
1.		
2.		
3.		
4.		
5.		
One (1) Copy of Site Plan/Location of Facility: Yes / No	One (1) Complete Set of Engineering Drawings: Yes / No	
Post Installation Illustration: Yes / No	Code Review Included: Yes / No	
Electrical Load Information: Yes / No	Pole Load Calculations: Yes / No	
Worker Safety Information: Yes / No	Evidence of Bond: Yes / No	
Pole/Wireless Facility Located in Residential: Yes / No	Located in Commercial Corridor: Yes / No	
Evidence of Insurance: Yes / No		
Engineering Firm:		
Engineer's Certification and Signature: Yes / No		Phone:
Address:	City:	State:
CONTRACTED PRICE OF TOTAL PROJECT: \$		

COMMENTS (OFFICE USE ONLY)

Planner Remarks:

Engineering Remarks:

Building Department Remarks:

City Water and Light Remarks:

Review Status:

Zoning Dept.:

Engineering Dept.:

Building Dept.:

CWL:

APPLICANT'S CERTIFICATION

I certify that the answers to the above questions and any statements made on same are true and complete to the best of my knowledge.

Print Name :

Designation:

Phone/Fax:

Email:

Signature:

Date: