

PARISH OF ASCENSION

BUILDING DEPARTMENT



Cell Tower Application

Please provide **ALL** the following information for review.

Date: _____ Time: _____ Applicant's Name: _____

Owners Name: _____ E-Mail: _____

Municipal Address: _____ Telephone Number: _____

Contractors Name: _____

Tenant: _____

Notice: Any information written on this application becomes public record.

Tower Information

New Cell Tower: Y N

Antenna information

New: Y N If yes how many _____

Replacement: Y N If yes how many _____

Electrical Work: Y N

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Notice: All tower drawings will require engineer design

To be filled out by Parish Employee

Required Documents for Plan Submittal

Flood Zone Approval _____ Site Plan _____ Engineered Drawings _____

Electrical Diagram if needed _____ **Payment Information** _____

Employee's Initials _____ **Project #** _____