

# PARISH OF ASCENSION

OFFICE OF PLANNING AND DEVELOPMENT  
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 / Antenna 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 #** \_\_\_\_\_