

ANTENNA PERMIT APPLICATION

- ✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧
- ✧ Contact Development Services at (912)651-6510 for assistance. ✧
- ✧ You may also submit your Sign Permit Application in person at 20 Interchange Dr. (31415). ✧

Project Site

Site Address: _____ PIN: _____

Applicant Name: _____ Email: _____

Phone: _____ **Valuation of Job** (Include Labor, Materials, Profit): \$ _____

Description of Work

Complete Description of Work: _____

Class of Work

- Equipment Upgrade
 Co-locate
 New Tower
 Temp Cell on wheels
 Demolition

Antenna Contractor

Company: _____ Business Phone: _____

Contact Name: _____ Cell: _____ Email: _____

Address: _____ City/State: _____

Electrical/Low Voltage Contractor

Company: _____ Business Phone: _____

Contact Name: _____ Cell: _____ Email: _____

Address: _____ City/State: _____

Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

Printed Name of Applicant (Not Company Name)

Signature of Applicant

Date

FOR OFFICE USE ONLY

Zoning District: _____ Street Type: _____	Permit Fees: Total Permit: \$ _____
Zoning Use: _____ Height Allowed: _____ Area Allowed: _____	Due: \$ _____ Paid: \$ _____ Chk/MO#: _____
COA Approved: _____ Encroachment Petition: _____	Rem. Bal.: \$ _____ Rem. Paid: \$ _____ Chk/MO#: _____

Plans Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____