



SMALL CELL TECHNOLOGY FACILITIES PERMIT APPLICATION

RECEIPT #: _____
CHECK #: _____
CASH: _____

PERMIT #: _____

PERMIT FEE: _____

NEW FACILITY: _____

RECORDING FEE: \$1.00

ADDING NEW CARRIER ON EXISTING FACILITY: _____

OTHERS: _____

OTHERS: _____

TOTAL FEES DUE: _____

JOB SITE ADDRESS: _____
(SITE LOCATION MAP SHALL BE ATTACHED TO THIS APPLICATION)

OWNER OF FACILITY: _____

OWNER OF FACILITY ADDRESS: _____

OWNER OF FACILITY PHONE#: _____

E-MAIL ADDRESS: _____

CONTRACTOR: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS PHONE#: _____

E-MAIL ADDRESS: _____

I, THE UNDERSIGNED CERTIFY THAT THE DESCRIBED WORK LISTED ON THIS PERMIT APPLICATION AND ALL SUPPORTING DOCUMENTS SUBMITTED WITH THIS PERMIT APPLICATION ARE TRUE AND CORRECT. I ACKNOWLEDGE THAT ANY PERMIT ISSUED ON THE REPRESENTATION HEREIN MADE MAY BE REVOKED AT ANY TIME, WITHOUT NOTICE, ON A BREACH OF REPRESENTATION OR VIOLATION OF THE BUILDING CODES OR ORDINANCES THAT HAVE BEEN ADOPTED BY THE CITY OF OLIVE BRANCH, MS.

CONTRACTORS SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

RENEWALS:

DATE: _____ RECEIPT#: _____ DATE: _____ RECEIPT#: _____

DATE: _____ RECEIPT#: _____ DATE: _____ RECEIPT#: _____

DATE: _____ RECEIPT#: _____ DATE: _____ RECEIPT#: _____

