



Wireless Telecommunication Facilities Application

Revised 12.1.2023

APPLICATION FOR WIRELESS TELECOMMUNICATION FACILITY MODIFICATIONS

- New Submission
 Resubmission/Revision

Two (2) complete copies of application packet required.

For Internal Use Only	
Date Received from Applicant	Date Returned to Applicant

1. SITE INFORMATION			
Site Address:		City:	State: ZIP:
Existing Zoning District:	Closest Intersection:	Geographical Coordinates: (LAT) (LONG)	
Site Legal Description:			
Existing Tower Type: <input type="checkbox"/> Monopole <input type="checkbox"/> Self Support <input type="checkbox"/> Guided <input type="checkbox"/> Other			Fee: \$2,000
Is the proposed tower modification located in a Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, STOP, and contact the Shreveport Historic Preservation Commission)			
Will the proposed tower modification apply with all applicable federal, state and local codes, laws, and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Existing Tower Height:	Proposed Antenna Height:	Antenna Type:	
2. APPLICANT			
Name:		Phone Number:	Email:
Mailing Address:		City:	State: ZIP:
3. TOWER OWNER			
Company Name:			
Contact Name:		Phone Number:	Email:
4. APPLICANT'S CONSULTANT INFORMATION			
Consultant Company Name:			
Company Contact / Representative:		Phone Number:	Email:
Mailing Address:		City:	State: ZIP:
<i>*If more than one consultant is acting on behalf of the applicant, please attach names, addresses, telephone numbers, and email addresses to the end of this application.</i>			
5. PROJECT DESCRIPTION / SCOPE OF WORK			
Provide a brief description of the project/scope of work:			
6. SIGNATURES AND AUTHORIZATION			
Signature of Authorized Representative (Applicant):			Title:
Name of Authorized Representative (Please Print):			Date: