



Planning & Zoning Department
415 W University Drive
Edinburg, Texas 78539
956-388-8202

WIRELESS COMMUNICATION FACILITIES PERMIT

APPLICANT

Contract _____

Address _____

Phone _____ Fax _____

OWNER

Contract _____

Address _____

Phone _____ Fax _____

Property Legal Description _____ See Attached _____

Lot _____ Block _____ Subdivision _____

Current Zoning District _____

Proposed Use, Type and Tower Height _____

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the undersigned is authorized to make this application.

X _____

Signature of Applicant

Date

Submittal Requirements (Submittal Deadline _____)

- Two (2) copies of the completed application
- Check for \$ 500.00 (non-refundable)
- Survey and Metes and Bounds of the site
- Two (2) 24" x 36" blue-line copies and two (2) 11" x 17" copies of the site plan including a vicinity map and north arrow on each copy
- A letter stating the applicant's request and addressing application requirements for the proposed tower. (Article 14.300)