



**Chatham County Department of Building  
Safety & Regulatory Services**

P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



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Director

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**TOWER / ANTENNA PERMIT**

P.I.N.: 1 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PIN can be obtained from the Tax Assessors Office (912) 652-7271.

Project Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Owner Tower/Antenna: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Class of work:**

- New             Addition/Alteration to existing             Replace
- Other \_\_\_\_\_

Improvement	Antenna	Ownership	Tower Type	Dimensions
<input type="checkbox"/> Tower Only	<input type="checkbox"/> PCS	<input type="checkbox"/> Private (Non Profit, Individual, Corp.)	<input type="checkbox"/> Monopole	Height of tower above existing grade: _____ ft.
<input type="checkbox"/> Tower/Antenna	<input type="checkbox"/> SMR		<input type="checkbox"/> Lattice	
<input type="checkbox"/> Antenna Only	<input type="checkbox"/> ESMR	<input type="checkbox"/> Public (Federal, State, Local, Government)	<input type="checkbox"/> Guided	
<input type="checkbox"/> Removal	<input type="checkbox"/> Cellular		<input type="checkbox"/> Alternative	

Valuation of job (include total labor, material, profit) \$ \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

State license # \_\_\_\_\_ Local business license # \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

State license # \_\_\_\_\_ Local business license # \_\_\_\_\_

The following information must be submitted before a permit can be issued

- Application with original signatures.
- Two copies of construction and foundation plans
- Two copies of a plot plan no larger than 11 x 17
- Copy of contractors current State and local business license.

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Occupancy or Certificate of Completion when all required inspections have been approved.

Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

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For Office Use Only

Approved: \_\_\_\_\_

Date: \_\_\_\_\_