



**CITY OF
TUCSON**
INFORMATION
TECHNOLOGY
DEPARTMENT

Communications Tower Engineering Review

ITD Infrastructure Engineering

Date Submitted to ITD: _____
(PDS USE ONLY)

Permit #: _____
(PDS USE ONLY)

Project Address: _____
(PDS USE ONLY)

Date: _____

Applicants: At the time of plan submittal, the **City of Tucson** requests that Cell Tower and Microwave Permit applicants submit the following information for an Engineering review before the installation or modification of towers on or near City structures or properties. Additionally, microwave submissions shall include Prior Coordination Notices (PCN). Please list all frequencies operated at the proposed location.

New Project (Required) <input type="checkbox"/>	Revision / Upgrade (Required) <input type="checkbox"/>	APPROVED <input type="checkbox"/> <i>(Engineering use only)</i>	DENIED <input type="checkbox"/> <i>(Engineering use only)</i>
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Project or Site Name	Site Address		Tower Latitude (Decimal Degrees)	Tower Longitude (Decimal Degrees)
Cell Provider	Applicant Name & Corp		Contact Phone & Email	
		Applicant Signature		
Antenna centerline (ft - AGL)	Antenna Bearing (°)	Horiz. Beamwidth (°)	Frequency or band use (MHz or GHz)	Effective Radiated Power (W or dBm)
Ant 1:			Tx/Rx:	
Ant 2:			Tx/Rx:	
Ant 3:			Tx/Rx:	
Ant 4:			Tx/Rx:	
Ant 5:			Tx/Rx:	
Ant 6:			Tx/Rx:	

Comments:

Reply with Approval or Denial to: PDSPlansCoord@tucsonaz.gov

Reviewed By: _____
ITD / Infrastructure Engineering Date