## APPLICATION FOR TELECOMMUNICATIONS PERMIT CITY OF FLORENCE, MS

Name of applicant:
Address:
Contact name, telephone number & email address:
If Non-Real Person:
Name and address for service of process:
Name and address of Officer or Agent who is to be primary contact:
Name of people holding more than 5% of outstanding voting shares, if corporation:
Name of each general partner, if limited partner holds more than 5% equity interest, name such limited partner:
All Applicants Complete:
Provide a description of the telecommunication services to be provided:

Types of wires, fiber and/or other facilities to be used or located in the public rights of way:		
Are the subject facilities owned by the	e applicant?	
If the subject facilities are not owned application, please attach a copy of the granting the applicant the right to use	ne agreement or legal instrument	
Provide a map setting forth the specific proposes to locate the subject facilities proposes to use. This map shall ident proposed to be located above ground proposed to be located underground. rights of way (North side, South Side, on which the subject facilities are pro-	ify where the subject facilities are and where the subject facilities are Identify the portion of the public under sidewalk, under road bed, etc.)	
Please attach proof of all required reg authorizations and licenses for the off telecommunications service from app	7 - 7	
Please attach copies of the most rece applicant.	•	
Please provide valuation of the projec	t: \$	
Before the permit can be issued, the contractor will need to register as a Contractor wour website cityofflorencems.com for ordinance.	vith the City of Florence. Please see	
Applicant Signature	 Date	