



TELECOM PERMIT WORKSHEET

COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501
 Website: www.citymb.info

Permit #: _____

Date: _____

Reviewed By: _____

Job Address:	
Property Owner:	Phone: _____ Email: _____
Applicant:	Phone: _____ Email: _____
Contractor:	Phone: _____ Email: _____
CSLB License No:	City License No: _____

Edison Release Y/N: _____	Undergrounding Y/N: _____	Const. Type:	Occ. Group:
Type of Service	<input type="checkbox"/> Cellular Telephone <input type="checkbox"/> Paging	<input type="checkbox"/> Broadcast Radio <input type="checkbox"/> PCS	<input type="checkbox"/> Cellular Radio <input type="checkbox"/> TV
This Location Will Have:	<input type="checkbox"/> Antennas Qty: _____ Ht: _____ <input type="checkbox"/> Towers Qty: _____ Ht: _____	<input type="checkbox"/> Nodes Qty: _____ Ht: _____ <input type="checkbox"/> Cabinets Qty: _____ Ht: _____	
Project Description:			Valuation: _____

Applicant Acknowledgement Statement

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application. I understand that inspection and approval by the City Building Inspector is required. I also understand that the permit will expire if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned any time after work is commenced for a period of 180 days.

Signature: _____

Date: _____

CITY USE ONLY		
Initial Plan Check Fee	4220	
Additional Plan Check Fee	4221	
Fire Dept. Plan Review Fee	4475	
Imaging Fee	4017	
Permit Fee	4338	
Electrical Inspection	4025	
Right-Of-Way Undergrounding	4503	
Right-Of-Way Street Lane Closure	4505	
Right-Of-Way Deposit	4700	
Change of Address	4339	
Other		
TOTAL FEES		