



**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.

<b>New Project (Required)</b> <input type="checkbox"/>	<b>Revision / Upgrade (Required)</b> <input type="checkbox"/>	<b>APPROVED</b> <input type="checkbox"/> <small>(Engineering use only)</small>	<b>DENIED</b> <input type="checkbox"/> <small>(Engineering use only)</small>
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Project or Site Name	Site Address		Tower Latitude (Decimal Degrees)	Tower Longitude (Decimal Degrees)
<b>Cell Provider</b>	<b>Applicant Name &amp; Corp</b>		<b>Contact Phone &amp; Email</b>	
<b>Applicant Signature</b>				
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](mailto:PDSPlansCoord@tucsonaz.gov)

Reviewed By: \_\_\_\_\_  
ITD / Infrastructure Engineering      Date