



Wireless Telecommunications Facility Application

Prior to submitting an application, a pre-application consultation with Planning Staff is required. Please contact Planning & Development Services for assistance.

1. **Project Name:** _____

2. **Type of Facility:**

_____ New Facility (Circle Type): Self-Supporting Structure / Stealth Self-Supporting Structure / Collocation / Combined

_____ Telecommunications Facilities Attached to Existing Structure

_____ Modification / Replacement of Antenna Elements

_____ Reconstruction or replacement _____ Temporary Facility (Cell on Wheels)

3. **Applicant Information (Wireless Provider)**

Firm: _____

Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

4. **Agent Information (if different from Applicant Information)**

Firm: _____

Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

5. Property Owner(s) Information

Owner(s): _____

Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

6. Support Structure Owner Information (if any)

Company: _____

Contact: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

7. Property Information

Property Identification Number (Tax Parcel Number): _____

Address or General Street Location (nearest intersections): _____

Zoning District(s): _____

Current Land Use(s) on Parent Tract: _____

8. Facility Description

Latitude: _____ Degrees: _____ Minutes: _____ Seconds: _____ (NAD83)

Longitude: _____ Degrees: _____ Minutes: _____ Seconds: _____ (NAD83)

RAD Center: _____

Ground Elevation (AMSL) (ft): _____

Total Height of Facility (ASG) (ft): _____

FCC Antenna Structure Registration Number (ASR), if applicable: _____

9. Variance(s) Requested (if applicable)

Please identify any variance that is requested and explain 1) why it is needed; and, 2) why other alternatives to avoid a variance are not possible. Attach additional sheet, if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Certification

This affidavit acknowledges that the applicant represents and certifies that the following are true and accurate:

1. All statements, certifications and representations supplied in this application are true and correct and the person(s) signing the application is/are duly authorized to execute this application and otherwise to act on behalf of the applicant;
2. The proposed Wireless Telecommunications Facility (WTF) will comply with FCC regulations regarding susceptibility to radio frequency interference (RFI), frequency coordination requirements, general technical standards for power, antenna, bandwidth limitations, frequency stability, transmitter measurements, operating requirements and any and all other federal statutory and regulatory requirements relating to RFI;
3. Where a collocation is proposed, the applicant, together with the owner of the facility, has provided a composite analysis of all users of the facility to determine that the additional antenna will not cause RFI.
4. The proposed WTF will comply with and at all times will be maintained and operated in accordance with, all applicable FCC rules and regulations with respect to environmental effects of electromagnetic emissions.
5. All improvements constructed as part of the WTF will comply with all applicable building and zoning codes.

Applicant Signature

Date

Printed Name

I hereby authorize the Planning & Development Services Department staff to inspect the premises of the above described property and when required by law to place a public notice sign on the premises. I also hereby depose and say that all statements herein, and attached statements submitted are true and accurate to the best of my knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of applicant:

Notary Public: _____ My commission expires: _____