



Township of Freehold

One Municipal Plaza, Freehold, NJ 07728

WIRELESS COMMUNICATION FACILITIES MODIFICATION APPLICATION & CHECKLIST (EXHIBIT J)

INDICATE WHETHER THE PROPOSED MODIFICATION
CONSTITUTES A SUBSTANTIAL CHANGE TO AN EXISTING
STRUCTURE PURSUANT TO SECTION 190-172D OF THE
LAND USE ORDINANCE.
YES NO

I. RESPONSIBLE PARTIES

1. APPLICANT / TOWER OWNER

Name: _____
Street Address: _____
City, State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
E-Mail: _____

2. PROPERTY OWNER (if other than Applicant)

Name: _____
Street Address: _____
City, State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
E-Mail: _____

3. APPLICANT'S ATTORNEY (if applicable)

Name: _____
Street Address: _____
City, State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
E-Mail: _____

4. APPLICANT'S ENGINEER / ARCHITECT

Name: _____
Street Address: _____
City, State: _____ Zip Code: _____
Telephone No.: _____ Fax No.: _____
E-Mail: _____

5. PERSON(S) TO RECEIVE ALL RELATED CORRESPONDENCE

(Applicant, Attorney, Engineer) _____



II. PROJECT LOCATION

1. Block(s): _____ Lot(s): _____
2. Street Address: _____
3. Zone: _____
4. Site Area: _____
5. Does site abut a County Road? _____
6. Does site abut a State Road? _____
7. List any adjoining streams or water courses _____

III. DETAILED WRITTEN DESCRIPTION OF PROPOSED PROJECT:



IV. COMPLETENESS CHECKLIST

(C= Complete, N=Incomplete, N/A=Not Applicable)

C N N/A

- | | | | |
|-----|-----|-----|--|
| ___ | ___ | ___ | 1. Fees: |
| | | | a. Application Fee (\$313.00) * |
| ___ | ___ | ___ | b. Escrow (\$3,000.00) |
| ___ | ___ | ___ | c. Submit Tax ID Form W-9 with above fees (must match check) |
| | | | * reflects automatic fee increase – see Chapter 150-2A. |
| ___ | ___ | ___ | 2. A location plan drawn to scale and clearly indicating the location, type and height of the proposed equipment, on-site land uses and zoning, adjacent land uses and zoning (including when adjacent to other municipalities), Master Plan classification of the site and all properties within two hundred (200) feet of the property which is the subject of the application, adjacent roadways, proposed means of access, setbacks from property lines, elevation drawings of the proposed tower and any other structures, topography, and parking. |
| ___ | ___ | ___ | 3. A legal description of the parent tract and leased parcel (if applicable). |
| ___ | ___ | ___ | 4. Existing and approved supporting towers for all providers of wireless communication services within one (1) mile of the subject site, both within and outside of Freehold Township. |
| ___ | ___ | ___ | a. Mapped Location |
| ___ | ___ | ___ | b. Written Description |
| ___ | ___ | ___ | 5. Existing or approved water towers or water standpipes and existing high tension power line stanchions within one (1) mile of the subject site, both within and outside of Freehold Township: |
| ___ | ___ | ___ | a. Mapped Location |
| ___ | ___ | ___ | b. Written Description |
| ___ | ___ | ___ | 6. How the location of the proposed modification specifically relates to: |
| ___ | ___ | ___ | a. The anticipated need for additional antennas and supporting structures within and near the Township of Freehold by the applicant and by other providers of wireless communication services within the Township. |
| ___ | ___ | ___ | b. The objective of collocating the antennas of many different providers of wireless communication services on a single supporting structure; and |
| ___ | ___ | ___ | 7. A description of the type and quantity of equipment to be installed. |



C	N	N/A	
___	___	___	8. The finished color and, if applicable, the method of camouflage and illumination of the existing structure and equipment.
___	___	___	9. The finished color and, if applicable, the method of camouflage and illumination of the proposed structure and equipment (excluding equipment shelters – see #17).
___	___	___	10. A description of any proposed excavation.
___	___	___	11. A description of the change in tower height as a result of the proposed collocation, removal, or replacement.
___	___	___	12. A description of the change in the height of any other structure as a result of the proposed collocation, removal, or replacement.
___	___	___	13. A description of the change in width of the tower or structure at the height of the proposed collocation, removal, or replacement.
___	___	___	14. A description of the proximity of the equipment to any other equipment on the same structure and of the visibility of the proposed equipment from the surrounding property.
___	___	___	15. A description of the noise level emitted by any proposed equipment.
___	___	___	16. A description of any proposed lighting, and if any:
___	___	___	a. All applicable FAA requirements for such lighting;
___	___	___	b. Proposed focusing/shielding to avoid projection towards adjacent/nearby properties.
___	___	___	17. A description of any proposed equipment shelters, including:
___	___	___	a. Number of proposed shelters;
___	___	___	b. Location of proposed shelters;
___	___	___	c. Height;
___	___	___	d. Area;
___	___	___	e. Color;
___	___	___	f. Camouflage;
___	___	___	g. Lighting;
___	___	___	h. Whether a generator is required;
___	___	___	i. Potential interference with public safety communications;
___	___	___	j. Whether electronic equipment will be automated.
___	___	___	18. Identification of the entities providing the backhaul network for the tower(s) described in the application and other cellular sites owned or operated by the applicant in the municipality.



C N N/A

- | | | | |
|-----|-----|-----|---|
| ___ | ___ | ___ | 19. A description of the suitability of the use of existing towers, other structures or alternative technology not requiring the use of towers or structures to provide the services to be provided through the use of the proposed tower. |
| ___ | ___ | ___ | 20. A description of the feasible location(s) of future towers or antennas within the Township based upon existing physical, engineering, technological or geographical limitations in the event the proposed collocation is permitted. |
| ___ | ___ | ___ | 21. Proof of compliance with Section 190-233 of the Land Use Ordinance of the Township of Freehold if the application concerns property located within a historic district, or property that is considered a historic landmark or a site of Historic Interest, as defined in Section 190-231, or as defined by applicable State or Federal law. |
| ___ | ___ | ___ | 22. Separate letter addressed to the Township Clerk justifying each item marked "N" or "N/A". |

NOTE: If any item in this checklist is not provided with the submission, the application will be deemed INCOMPLETE and will be returned to the Applicant for resubmission.



V. AFFIDAVIT OF COMPLETENESS

I/we, the undersigned, certify that this application fully complies with the current Land Use Ordinance of the Township of Freehold. I/we further certify that all information contained herein is complete and accurate to the best of my/our knowledge.

Applicant/Owner Name (Print or Type)

Professional's Name (Print or Type)

Signature

Date

Signature/Seal & License No.

Date



VI. CONSENT OF OWNER

_____ (*name of owner*) do/does hereby consent to the filing and processing of a Wireless Communication Facilities Modification Application to be made by _____ (*name of applicant*). This consent applies to premises located on _____ (*street address*) and described as Lot(s) _____ in Block _____ as shown on the Tax Map of the Township of Freehold. I/We hereby authorize said applicant to execute all documents and perform all acts necessary in conjunction with said application as though same were applied for and processed by us.

(Name of Owner)

(Name of Owner)

(Address of Owner(s))



VII. CONSENT TO INSPECT

APPLICATION NAME: _____

APPLICATION NO.: _____

I/We, as owners of Lot(s) _____ in Block (s) _____

as shown on the Tax Map of the Township of Freehold, which is the subject of an application for Wireless Communication Facilities Modifications to the Freehold Township Clerk under the above number, do hereby consent to have said premises inspected by members of the Township, consultants to the Township and other officials of the Township pertaining to this application. This shall include the privilege of entering into, upon and over said premises.

OWNER

DATE

OWNER

DATE



VII. TAX STATEMENT

Taxes must be current and will be verified.

This is to certify that taxes have been paid and are current for property owned by

at _____
(Address)

known as Block (s) _____, Lot (s) _____.

FOR OFFICE USE ONLY:

☐ Taxes are Current

☐ Taxes are Delinquent

Taxes for the next quarter are due _____
(Date)

CERTIFIED BY:

Office of the Tax Collector

Date



IX. ESCROW MAINTENANCE FORM

I understand that as owner and/or applicant that I am responsible to maintain an escrow account with the Township that will be used to pay for professional reviews of the project. The reviews are charged on an hourly basis and will be billed monthly. If my account is not kept current work will not continue on the processing of the Application.

Person/Firm Responsible for Receiving Financial Account Information:

Email address: _____

Address: _____ Phone: _____

Prefer to receive statements via: ☐ Regular Mail ☐ Electronic Mail

OWNER

DATE

APPLICANT

DATE