

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: | | | | |

Owner(s): _____ Representative: Address: City: State: Zip: Telephone: _____ Fax: _____ Email Address: 6. Support Structure Owner Information (if any) Company: 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:

5. **Property Owner(s) Information**

| 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. | | | | |
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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;
- 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 | | | |
| premis sign o | by authorize the Planning & Developmen ses of the above described property and In the premises. I also hereby depose ar ments submitted are true and accurate to | when required by law tool and say that all statemen | to place a public notice ats herein, and attached | |
| Sworn | to and subscribed before me this | day of | , 20 | |
| Signat | ure of applicant: | | | |
| Notary | Public: | My commission ex | xpires: | |