



# Telecommunication Antennas & Towers Application

Project Address & Parcel No: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Company/Organization: \_\_\_\_\_

**Instructions:** *The applicant shall complete the following checklist of submittal requirements. If the applicant answers “No” to any of the questions, a written explanation must accompany the negative response to the checklist question. The Town Planner shall include the applicant’s checklist and written explanations, if any, along with the construction plan submittal to the Building Department.*

*The schematic site plan shall be prepared by a registered landscape architect, architect, or civil engineer licensed to practice in the state, and shall identify the existing features of the property, and provide a schematic presentation of its intended use in a graphic, visual, and written format. Applicants will be required to comply with the following checklist.*

## SUBMITTAL REQUIREMENTS:

Does your packet and plans comply with or show the following?

YES

NO

1	Scaled Site Plan: prepared by a registered architect or civil engineer licensed to practice in the state, and which identifies the existing features of the property and provides a schematic presentation of its intended use in a graphic, visual, and written format. Any information of an engineering nature, whether civil, mechanical, or electrical shall be certified by a licensed professional engineer. Said site plan should include:	<input type="checkbox"/>	<input type="checkbox"/>
(a)	Maximum effective radiated power.	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Tower height requirements.	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Tower structure standards – this shall include a report including all tower specifications and a description of the tower with technical reasons for its design, documentation establishing the structural integrity for the tower’s proposed uses, and the general capacity of the tower and information necessary to assure that ANSI standards are met.	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Access	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Buffers	<input type="checkbox"/>	<input type="checkbox"/>
(g)	Other information necessary to assess compliance with the Town’s Telecommunications Towers and Antennas Ordinance.	<input type="checkbox"/>	<input type="checkbox"/>
2	Written approval from the FAA, which states that the proposed communications tower does not encroach onto or through any established public or private airport approach paths or federal airspace as established by the FAA.	<input type="checkbox"/>	<input type="checkbox"/>
3	Statement of Intent on whether excess space will be leased	<input type="checkbox"/>	<input type="checkbox"/>
4	Proof of Ownership of the proposed site or Authorization to Utilize the proposed site including copies of any easements necessary	<input type="checkbox"/>	<input type="checkbox"/>
5	Inventory of Existing or Planned Tower Sites and Availability of Suitable Existing Towers or Structures for Co-Location. Each applicant shall contact the owners of all existing tower sites or planned tower sites that are within the jurisdiction of the Town and within one-quarter (1/4) mile of the border thereof, and provide an inventory of said tower sites. For each tower site, the applicant shall include:	<input type="checkbox"/>	<input type="checkbox"/>
(a)	The owner and/or lessee of each tower site	<input type="checkbox"/>	<input type="checkbox"/>
(b)	The location, height, and design of each tower site.	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Whether or not any existing tower or structures located within the geographic area meet the applicant’s engineering requirements.	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Whether or not fees or costs required to share an existing tower or structure or to adapt an existing tower or structure for sharing are unreasonable. Applicant shall submit in writing a detailed estimate of total development costs.	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Whether there are other limiting factors that render existing towers and structures unsuitable.	<input type="checkbox"/>	<input type="checkbox"/>
(f)	Letters of rejection for request to co-locate on all existing and planned towers within the service area of the proposed tower.	<input type="checkbox"/>	<input type="checkbox"/>

## CO-LOCATIONS AND MODIFICATIONS OF EXISTING TOWERS

*With the exception of Item 5, an applicant seeking to co-locate on an existing tower or modify an existing tower must include all of the information listed in the checklist above. Please indicate below if this application is for a co-location or a modification of an existing tower:*

**This application is for:**                      **A Co-location on an existing tower.**

**A modification of an existing tower.**

*Please make sure all items above are completed and included with your submission. Incomplete submissions will result in delays in processing.*

*Please review the Town of Tyrone's Telecommunications and Antenna Ordinance online here:*

*For further information or questions, please contact the Planning & Zoning Department at (770) 487 – 4038 ex. 108*

<b>SITE LOCATION</b>	Address _____ Parcel ID#(s) _____ Property Size: _____   _____ <small style="margin-left: 100px;">Square Feet</small> <small style="margin-left: 100px;">Acres</small> Leased Size: _____   _____ <small style="margin-left: 100px;">Square Feet</small> <small style="margin-left: 100px;">Acres</small>	<b>PERMIT TYPE</b>	<b>TYPE OF STRUCTURE</b>				
	<input type="checkbox"/> Administrative <input type="checkbox"/> Conditional Use <input type="checkbox"/> Exempt	<input type="checkbox"/> Attached to existing building <input type="checkbox"/> Collocation on existing structure <input type="checkbox"/> Concealed freestanding (stealth) <input type="checkbox"/> Non-concealed freestanding monopole <input type="checkbox"/> Non-concealed freestanding lattice	DISTRICT	LOT	<b>ZONING</b>		
<b>FACILITY</b>	Structure classification: _____ Access to site from: _____ Ground Elevation: _____ AMSL   Structure Height: _____ AGL Location: _____° _____' _____" N   _____° _____' _____" W <small style="margin-left: 100px;">Latitude</small> <small style="margin-left: 100px;">Longitude</small> Support structure antenna capacity: _____   _____ <small style="margin-left: 100px;"># of Existing</small> <small style="margin-left: 100px;"># of Proposed</small>	<b>ANTENNAS</b>	<b>Existing (E) or Proposed (P)</b>	<b>Carrier Name</b>	<b># of Antennas</b>	<b>Antenna power level (mW/cm2)</b>	<b>Antenna height (AGL)</b>
	E / P						
E / P							
E / P							
E / P							
E / P							

<b>APPLICANT</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Email _____	<b>PROPERTY OWNER</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Email _____
<b>TOWER OPERATOR</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Email _____	<b>TOWER OWNER</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Email _____
<b>STRUCTURAL ENGINEER</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Seal # _____ Email _____	<b>CONTRACTOR</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ License # _____ Email _____
<b>RF ENGINEER</b>	Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Seal # _____ Email _____	<b>AGENT</b>	Is the agent the same as the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (fill out below) Name _____ Address _____ Town, State, Zip _____ Phone # _____ Fax # _____ Email _____

AMSL = Above Mean Sea Level  
 AGL = Above Ground Level

<b>IMPACTED AREAS</b>	<u>Sq ft   Acres</u>		<b>ZONING &amp; LAND USE</b>	Please record all surrounding property within 200ft of site		
	Disturbed Area	_____   _____ Square Feet      Acres		_____ %	<u>Zoning</u>	<u>Land Use</u>
	Impervious Area	_____   _____ Square Feet      Acres		_____ %	North _____	_____
	Open Space & Greenbelts	_____   _____ Square Feet      Acres		_____ %	East _____	_____
			South _____	_____		
			West _____	_____		

<b>AESTHETICS</b>	Please indicate which aesthetic items will be included in this project		
	<input type="checkbox"/> Structure lighting and marking	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Security fencing

<b>UTILITIES &amp; SERVICES INFO</b>	<b>Service</b>	<b>Provider</b>	<b>Underground?</b>	<b>SETBACKS</b>	Please list distances from the base of the support structure to areas below.		
	<input type="checkbox"/> Electricity		Y / N		<u>Proposed</u>		
	<input type="checkbox"/> Water		Y / N		Residential, _____	_____	
	<input type="checkbox"/> Sewer		Y / N		Arterial highway ROW _____	_____	
	<input type="checkbox"/> Telephone		Y / N		Public street ROW _____	_____	
	<input type="checkbox"/> Fiber Optic		Y / N		Non-residential property line _____	_____	
	<input type="checkbox"/> Natural Gas		Y / N		Side Setback _____	_____	
			Rear Setback _____	_____			
			Automatic Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Closest Fire Hydrant: _____ ft		
			Automatic Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>PROTECTED AIRSPACE</b>	Are the proposed telecommunications facilities in compliance with Subpart C of the Federal Aviation Regulations, Part 77, "Objects Affecting Navigable Airspace"?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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With the signing and submittal of this application, the property owner authorizes the Town of Tyrone Staff to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the Planning Commission and Town Council.

By signing below I hereby certify that I have read and examined this application and know the same to be true and correct. This permit is issued on the basis of information furnished herein and is subject to property restrictions and provisions of all governing ordinances.

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the attached checklist.**

**OFFICE ONLY**

This request, along with the required fee and supplemental documents, has been properly submitted and is hereby accepted for consideration by the Planning Commission and the Town Council:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date & Time of Planning Commission: \_\_\_\_\_ Workshop: \_\_\_\_\_ Public Hearing: \_\_\_\_\_

Date & Time of Town Council: \_\_\_\_\_ Public Hearing: \_\_\_\_\_ Case Number: \_\_\_\_\_