



## APPLICATION FOR ELIGIBLE FACILITIES REQUEST

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROPERTY, OWNER, AND LAND USE INFORMATION:

PROPERTY LOCATION: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY SIZE (SQUARE FEET): \_\_\_\_\_ ZONE DISTRICT: \_\_\_\_\_

### DESCRIPTION OF EXISTING TOWER OR BASE STATION (ELIGIBLE SUPPORT STRUCTURE):

Describe the facility that is the subject of the application:

Describe the current site. "Site" is defined in the Code as the current boundaries of the leased or owned property surrounding a Tower or Eligible Support Structure and any access or utility easements currently related to the Site. For other Towers in the public rights-of-way, a Site is further restricted to that area comprising the base of the structure and to other Transmission Equipment already deployed on the ground.

Provide all information to demonstrate that the structure where the collocation, removal and/or replacement of transmission equipment will be made has received land use approval and the applicable case number or permit approval number. If the current facilities or structure was approved with any requirements to conceal facilities from view or any other conditions of approval, please provide that information.

Is the structure that is the subject of this application located in the public rights-of-way? \_\_\_\_\_

**DESCRIPTION OF ELIGIBLE FACILITIES REQUEST:**

Is this a collocation of new transmission equipment? \_\_\_\_\_

Is this a removal of existing transmission equipment? \_\_\_\_\_

Is this a replacement of existing transmission equipment? \_\_\_\_\_

What is the height of the existing structure? \_\_\_\_\_

What will the height of the structure be after the collocation, removal, and/or replacement of transmission equipment? \_\_\_\_\_

How far out from the body of the structure will the facilities protrude after installation? \_\_\_\_\_

If the structure or Site that is the subject of this application was approved with any concealment requirements or other conditions of approval, describe how this application will comply with those conditions. Include photo simulations, where appropriate.

Does this application involve any excavation or location of equipment outside the boundaries of the Site? \_\_\_\_\_

Describe the number and dimensions of any equipment cabinets that are part of this application: \_\_\_\_\_

Describe the number and dimensions of any equipment cabinets that are currently present at this location: \_\_\_\_\_

Describe the equipment type, model number and manufacturer specifications (ex., dimensions and weight): \_\_\_\_\_

Describe noise levels from equipment to be installed (if applicable): \_\_\_\_\_

**SUBMITTAL INFORMATION:**

**All submittals MUST include the following information with this application:**

1. Written authorization from property owner (if applicant is not owner)
2. Printed AND electronic versions of application, site plan, and all other documents
3. Site Plan showing location of proposed facilities and equipment to scale
4. Building Façade Elevations showing location of proposed facilities and equipment to scale
5. Notes on drawings indicating how specific requirements of [ Cite to Code Section] (attached) are being met
6. To the extent not addressed in #5, a narrative that explains in plain and fact-specific terms why the applicant believes the application (1) qualifies as an eligible facilities request and (2) will not result in a substantial change. The narrative should state the applicable standards for each issue and discuss the facts that allow the [City/County/Town] to find that the application qualifies for approval under [Cite Code Section].
7. Engineer certification that the existing tower or base station can accommodate the facilities consistent with all applicable building and safety codes.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR STAFF TO COMPLETE:**

Received Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Meets all required standards: YES / NO