



Perquimans County, North Carolina
Application for Telecommunications Facility Co-Location

This section to be completed by County:
Date filed: _____ Fees received: _____ Date Completed: _____
Confirmed by: _____ Co-location based on Permit No. CUP- _____ - _____
Zoning Permit No. _____

OWNER, APPLICANT AND LESSOR/LICENSOR INFORMATION

Applicant: _____

Address: _____

Phone Number(s): _____ Fax: _____ E-mail Address: _____

Applicant's Contact: _____

Address: _____

Phone Number(s): _____ Fax: _____ E-mail Address: _____

Commercial Wireless Provider: _____

Address: _____

Phone Number(s): _____ Fax: _____ E-mail Address: _____

Property Owner(s): _____

Address: _____

Phone Number(s): _____ Fax: _____ E-mail Address: _____

Lessor/Licensor Contact: _____

Address: _____

Phone Number(s): _____ Fax: _____ E-mail Address: _____

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1) Is this a temporary or permanent facility? _____

2) If the proposed facility is a modification of an existing facility, please describe the extent of the modification(s) to determine major or minor criteria: _____

3) Describe any signage, including size and location, to be located at the proposed facility: _____

* * * * *

I (We), the undersigned, do hereby respectfully apply for a co-location wireless telecommunications facility on the property described herein. I (we) affirm that this application form and attached materials are true and accurate to the best of my (our) knowledge. Furthermore, I (we) certify the following:

That I (we) have not constructed or modified, without the approval of Perquimans County, any wireless telecommunication facility on or after the effective date of this Ordinance (July 30, 2002). If any facility has ceased operation all of my (our) antennas, feed lines and ground based equipment have been removed; and

Any retention of outside consultants deemed necessary by the County will be at the expense of the applicant as outlined in Article XXII, Section 2103 (b) of the Perquimans County Zoning Ordinance.

Printed Name and Signature of Support Structure or Authorized Agent

Date

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Attachments include the following:

- _____ Completed Application;
- _____ Site Development Plan and Construction Details in accordance with Article XXII, Section 2203(n) of the Perquimans County Zoning Ordinance;
- _____ Required certifications and supplemental information;
- _____ Additional statements explaining extent of proposed improvements;
- _____ Proof of land ownership (real estate deed, will, etc.);
- _____ Owner’s Authorization for Agent;
- _____ Legal Description;
- _____ Fee of \$4,000, made payable to “Perquimans County” (includes County’s Application Fee of \$500 and \$3,500 Bond for Consultant’s review, as set by separate fee schedule);
- _____ A Certificate of Insurance demonstrating that the applicant has a minimum of \$1,000,000 in general liability insurance covering any liability arising out of its construction or operation of their portion of the wireless telecommunication facility;
- _____ Any additional information needed by the County’s consultant, planner, building inspector, fire and emergency management officials, etc.; and
- _____ Other: _____
- _____ Other: _____

Application received by Planning & Zoning Office on: _____		
CityScape	Date Complete	
Planning and Zoning Administrator	Date Approved	Permit Number

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OWNER(S)' AUTHORIZATION FORM

****NOTE: IF THE APPLICANT REQUESTING A COLLOCATION TELECOMMUNICATIONS PERMIT FOR A PARTICULAR SUPPORT STRUCTURE IS NOT THE ACTUAL OWNER OF THE SUPPORT STRUCTURE, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING A COLLOCATION WIRELESS TELECOMMUNICATIONS FACILITY PERMIT IS THE OWNER, PLEASE DISREGARD THIS FORM****

Dear Sir or Madam:

I am the owner of the support structure located at _____ . I hereby authorize _____ to appear with my consent before the Planning & Zoning Administrator and/or the County Manager in order to request a Collocation Telecommunications Permit at this location. I authorize you to present this matter in my name as the owner of the support structure. If you have questions or need more information, please contact me at address _____ or by telephone at _____.

Respectfully yours,

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

Notary Public _____ County of _____

State of _____

My commission expires: _____