



Perquimans County, North Carolina
Application for Telecommunications Facility
(Co-location or Eligible Facilities Request Application)

This section to be completed by County:

Date filed: _____ Fees received: _____ Date Completed: _____
Confirmed by: _____. Co-location or Eligible Facilities Request based on
New Tower 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: _____

Perquimans County, North Carolina
Application for Co-location or Eligible Facilities Request

EXISTING CONDITIONS	
Site Address:	
Description of Property:	
Latitude (NAD83):	Longitude (NAD83):
Ground Elevation (AMSL) in feet:	Total height of existing Tower (AGL) in feet:
RAD Center (in feet):	
Tax PIN: - -	Parcel No: - - -
Zoning District:	Land Use Classification:
Size of property: Acres	Lot Width: Lot Depth:
Flood Zone:	Community Panel No.:
FCC Antenna Structure Registration (ASR) No. (if applicable):	
Conditional Use Permit (CUP) No. (if applicable):	

PROPOSED FACILITIES	
Co-location on existing tower: Yes [] No []	Co-location on existing water tank: Yes [] No []
Co-location on an existing Concealed support structure: Yes [] No []	Replacement (upgrade) of existing antennas: Yes [] No []

REQUIRED CERTIFICATIONS (also see pages 3 and 4 of Application):

- (1) A statement on provider stationery from a qualified individual that the applicant will comply with all FCC rules regarding human exposure to RF energy, along with the applicant's qualifications;
- (2) A statement on provider stationery from the Applicant that the Applicant will comply with all applicable FCC rules regarding radio-frequency interference;
- (3) A Structural Analysis by a North Carolina Registered Professional Engineer that the support structure upon completion of the applicant's installation complies with TIA/EIA-222 F or G standard, as amended, along with applicable Federal, State and Perquimans County building codes.

Please Note: Supplemental information may be requested for purposes of clarity or confirmation.

Perquimans County, North Carolina
Application for Co-location or Eligible Facilities Request

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 2213(c) of the Perquimans County Zoning Ordinance.

Printed Name and Signature of Support Structure or Authorized Agent

Date

Perquimans County, North Carolina
Application for Co-location or Eligible Facilities Request

Attachments include the following:

- _____ Completed Application;
- _____ Site Development Plan and Construction Details in accordance with Article XXII, Sections 2207 and 2210 of the Perquimans County Zoning Ordinance;
- _____ Required certifications and supplemental information;
- _____ Additional statements explaining extent of proposed improvements;
- _____ Support Structure Owner’s Authorization for Agent;
- _____ Legal Description and/or boundary survey of property on which support structure is located;
- _____ See latest Fee Schedule, revised for Current Fiscal Year and posted under Planning & Zoning on County Website;
- _____ 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

Perquimans County, North Carolina
Application for Co-location or Eligible Facilities Request
OWNER(S)' AUTHORIZATION FORM

****NOTE: IF THE APPLICANT REQUESTING A CO-LOCATION 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 Co-location 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: _____