



Perquimans County, North Carolina
APPLICATION FOR CONDITIONAL USE PERMIT REQUEST
FOR NEW TOWER OR SUPPORT STRUCTURE

Case No. _____ - 15-_____

This section to be completed by County:	
Date received: _____	Received by: _____
Date completed: _____	Confirmed by: _____
Subject Property Tax Map No(s): _____	
Subject Property Zoning District(s): _____	
Will proposed Conditional Use require site improvements? _____	
Will proposed Conditional Use require review by other agencies? _____	

Owner and Applicant Information

Name(s) of Property Owner(s): _____

Street Address: _____

City/State/Zip Code: _____

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

Applicant (if different from Property Owner): _____

Street Address: _____

City/State/Zip Code: _____

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

Other person to receive comments and correspondence: _____

Personal Wireless Service Provider: _____

Authorization from Personal Wireless Service Provider required for submitter to act as agent: (see checklist)

Description of Property

Address(es) of Subject Property: _____

Property Appraiser's Parcel Nos.: _____

Location: This property is located on the _____ side of + _____ Road, approximately _____ feet _____ of _____ Road.

Township/Region: _____ Subdivision: _____ Block – Lot Nos.: _____

Size of Property: _____ acres. Lot width: _____ feet. Lot depth: _____.

Flood Plain: _____ Community Panel No.: _____

1) I (We), the undersigned, do hereby respectfully make application and request the Planning Board and Board of Commissioners to consider a proposed Conditional Use Permit to make use of the subject property as follows: _____. The subject property is zoned _____. The subject property is owned by _____ as evidenced by deed recorded in Real Estate Book _____, Page _____ **OR** Will File Number _____ in the Perquimans County Register of Deeds.

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2) The following is from the most recent County Tax Office listing and contains all of the individuals, firms, or corporations owning properties involved in the Conditional Use Permit request as well as the owners of all properties any portion of which is within one-hundred fifty (150) feet of the subject property. This includes any property owner who is adjacent to the subject property (to the side, rear or front) and across the street.

Name

Address

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

i. _____

j. _____

k. _____

l. _____

Use an additional sheet of paper if necessary.

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Attach the following:

- _____ Completed Application.
- _____ Letter addressed to the Perquimans County Board of Commissioners explaining your intentions in detail. The Applicant is advised to address any general and specific conditions and finding required by the Zoning Ordinance, Sections 903(a), (b), (c) and (d), 905, and Article XXII.
- _____ Proof of Ownership.
- _____ Owner's Authorization for Agent, if required
- _____ Authorization from Personal Wireless Service Provider for submitter to act as agent.
- _____ Legal Description and/or boundary survey to be used as an exhibit to the proposed CUP Permit.
- _____ Site plan prepared in accordance with Section 509 and Article XXII of the Perquimans County Zoning Ordinance, as applicable.
- _____ Two self-addressed stamped envelopes and two sets of stamped pre-addressed envelopes of all property owners of subject, adjacent and nearby properties within 150 feet and across the street, to whom notice of public hearing must be sent, as per current Tax Office listings. Said notices will be sent by Planning & Zoning Office in envelopes provided by Applicant.
- _____ Fee of \$7,000, payable to "Perquimans County" (includes County's Application Fee of \$500 and \$6,500 Bond for Consultant's review, as set by separate fee schedule);
- _____ Additional information needed by Planner, Technical Review Committee or County Officials:

APPLICATIONS WILL NOT BE SCHEDULED FOR PUBLIC MEETING UNTIL COMPLETE

I (We), the undersigned, I (We), the undersigned, do hereby respectfully apply for a new telecommunications facility tower or support structure, 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 under our control or management located within the jurisdiction of said County, on or after the effective date of the County's Zoning 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 of the Perquimans County Zoning Ordinance.

Signature of Owner or Authorized Applicant

Date

(This Application must be submitted to the Planning and Zoning Administrator no less than 25 days prior to the Planning Board's meeting and, where deemed necessary, additional time may be required for review by Technical Review Committee member[s]).

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PROPERTY OWNER'S AUTHORIZATION FOR AGENT

****NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR PIECE OF PROPERTY IS NOT THE ACTUAL OWNER OF THE PROPERTY, THE ACTUAL OWNER OF THE LAND MUST COMPLETE THIS FORM. IF THE INDIVIDUAL WHO IS REQUESTING THE APPLICATION IS UNDER CONTRACT WITH THE PROPERTY OWNER TO ERECT THE TELECOMMUNICATIONS FACILITY, PLEASE DISREGARD THIS FORM AND USE THE TOWER OWNERS' AUTHORIZATION FORM ON PAGE 6 of 6.**

I am (We are) the owner(s) of the property located at _____ (Tax Parcel No. _____ and/or street address: _____). I (WE) HEREBY AUTHORIZE _____ TO ACT ON MY/OUR BEHALF to appear with my/our consent before the Perquimans County Board of Commissioners and Planning Board in order to request approval(s) for development and/or use of said property as described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, or other action pursuant to obtaining a Conditional Use Permit for a Communications Tower. I (We) authorize Perquimans County to advertise and present this matter in my/our name(s) as the owner(s) of the subject property and my/our agent(s) as the applicant(s) for the request. If you have questions or need more information, you may contact me at address _____ or by telephone at _____ or by email at _____.

BY: _____

Signature of Property Owner

Print Name

Telephone Number

Signature of Property Owner

Print Name

Telephone Number

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

Notary Public _____ County of _____

State of _____

My commission expires: _____

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TOWER OWNER'S AUTHORIZATION FOR AGENT

****NOTE: IF THE APPLICANT REQUESTING DEVELOPMENT APPROVALS OR PERMITS FOR A PARTICULAR TELECOMMUNICATIONS FACILITY IS NOT THE INDIVIDUAL UNDER CONTRACT WITH THE PROPERTY OWNER TO ERECT THE TELECOMMUNICATIONS FACILITY, THE INDIVIDUAL UNDER CONTRACT WITH THE PROPERTY OWNER MUST COMPLETE THIS FORM. IF THE PERSON REQUESTING THE APPLICATION IS THE LAND OWNER, PLEASE DISREGARD THE AUTHORIZATION FORMS ON PAGES 5 AND 6.**

I (We) have a formal contract with _____, the owner(s) of property located at _____ (Tax Parcel No. _____ and/or street address: _____), to erect a Telecommunications Facility Support Structure (Non-Concealed Tower) on said property.

I (WE) HEREBY AUTHORIZE _____ TO ACT ON MY/OUR BEHALF to appear with my/our consent before the Perquimans County Board of Commissioners and Planning Board in order to request approval(s) for development and/or use of said property as described within the attached application, and as described in the attached deed(s) or other such proof of ownership as may be required, or other action pursuant to obtaining a Conditional Use Permit for a Communications Tower. I (We) authorize Perquimans County to advertise and present this matter in my/our name(s) as the owner(s) of the Communications Tower and my/our agent(s) as the applicant(s) for the request. If you have questions or need more information, please contact me at address _____ or by telephone at _____ or by email at _____.

BY: _____
Signature of Owner of Proposed Communications Tower

Printed Name Telephone Number

Signature of Owner of Proposed Communications Tower

Printed Name Telephone Number

Sworn to and subscribed before me, this the _____ day of _____, 20____.
Notary Public _____ County of _____
State of _____
My commission expires: _____

