

WASHINGTON COUNTY, ARKANSAS **ADMINISTRATIVE APPROVAL OF ANTENNA (CELLULAR/ PCS PROVIDERS)**

Administrative Approval of antennas applies to: (per Ch. 11 - Planning and Development, Article VIII – Placement, construction and Maintenance of Antenna Arrays and Communication Towers, Sec.11-301):

- ❑ Placement of antennas on existing support structures which:
 - do not increase the total height of the original support structure by more than twenty-four (24) feet, and
 - will not significantly increase the lighting or noise levels of the structure
- ❑ Outbuildings and facilities built in connection with such antenna.

Scenario 1: If antennas are being replaced with new antennas which will have the same (or lesser) loading, etc., and the ground footprint is not changing, only the following will be required:

- ❑ **Application** - completed Appendix “A”- application for Administrative Approval of Antenna (Cellular/ PCS Providers)
- ❑ **Letter** - from the structural engineer stating the tower does not currently exceed its maximum loading capacity and that the change-out of antenna(s) will not increase the loading, noise levels, lights, or tower height.
 - OR
- ❑ **Structural Analysis Report** - from a licensed Professional Engineer certifying the capacity (loading and otherwise) of the tower for the new antenna and all existing antenna on the support structure.
- ❑ **Plans (if available)** - showing the newest proposed antennas & any change-out plans for any equipment on the ground, etc.

Scenario 2: If the antennae are additional (not switch outs), or have greater loading, the following will be required: (per Ch. 1 - Planning and Development, Article VIII – Placement, construction and Maintenance of Antenna Arrays and Communication Towers, Sec.11-301 & 11-302):

- ❑ **Application** - completed Appendix “A”- application for Administrative Approval of Antenna (Cellular/ PCS Providers)
- ❑ **Letter** - from the structural engineer stating the tower does not currently exceed its maximum loading capacity and that the change-out of antenna(s) will not increase the loading, noise levels, lights, or tower height.
 - OR
- ❑ **Structural Analysis Report** - from a licensed Professional Engineer certifying the capacity (loading and otherwise) of the tower for the new antenna and all existing antenna on the support structure.
- ❑ **Plans (if available)** - showing the newest proposed antennas & any change-out plans for any equipment on the ground, etc.

*Refer to the attached [Article VIII. Placement, Construction and Maintenance of Antenna Arrays and Communication Towers](#) for the Washington County regulations in their original format pertaining to antenna arrays and communication towers.

APPENDIX "A"

**APPLICATION FOR ADMINISTRATIVE APPROVAL
OF ANTENNAS
(CELLULAR/PCS PROVIDERS)**

WASHINGTON COUNTY, ARKANSAS
APPLICATION FOR ADMINISTRATIVE APPROVAL
OF ANTENNAS (CELLULAR/PCS PROVIDERS)

Applicant:

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Company _____ applying _____ for _____ antenna _____ approval: _____

To whom County should send correspondence (names and addresses):

Property Upon Which The Tower Rests:

Parcel Number: _____

*For address/property owner search, please use the following website:

<http://www.co.washington.ar.us/PropertySearch/SearchPage.asp?AL=0&LU=052012&New=1&SID=120521123750829&V=0>

or call 479-444-1500 to obtain the correct parcel number.

Section: _____ Township: _____ Range: _____

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Road Information:

U.S., State or County Road(s) giving access: _____

Road Surface type: _____

Tower Information:

FCC-ASR # _____

*If no FCC-ASR #, please contact the Planning Office to determine if additional location information is needed.

Parcel # of Tower: _____

*For address/property owner search, please use the following website:

<http://www.co.washington.ar.us/PropertySearch/SearchPage.asp?AL=0&LU=052012&New=1&SID=120521123750829&V=0>

or call 479-444-1500 to obtain the correct parcel number.

Latitude of Tower: _____ Longitude of Tower: _____

Type of Structure: _____

9-1-1 Address: _____

Existing height of tower (in feet): _____

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Antenna Information:

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Height of tower after antenna(s) are added (in feet): _____

Proposed Antenna(s) Center-Line Elevation: _____

How many antenna do you have a lease for on this tower? ____

How many of these antennas are existing on this tower? ____

How many antennas are proposed to be added with this application? _

Is the proposed antenna a technology upgrade? _____

Please indicate:

New antenna, ancillary equipment, and/or structures. Please list:

Replacement antenna, ancillary equipment, and/or structures. (Please note if the antenna proposed has a heavier loading than the existing antenna it is replacing). Please list:

Will there be any change in lighting or noise levels to the tower?

No Yes (If yes, please explain on an attached sheet)

Is all equipment located within the Leased Area?

No (If no, please explain on an attached sheet) Yes

.....
I certify under perjury that I have read this application. The statements and answers made herein and all data, information and evidence herewith submitted are, to the best of my knowledge and belief after reasonable investigation, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of this application. I understand that the County might not approve my application or might set conditions for approval.

Applicant's Signature: _____ Date: _____

Name: (please print) _____

Capacity in which signed: _____

**CHECKLIST
APPROVAL OF ANTENNA**

9-1-1 Information: (Sign Alternative (a) or (b), not both)

(a) Applicant hereby certifies that the tower or antenna array in question is not used for the provision of 9-1-1 services, and if the use of such tower or antenna array is changed to include such services the provider of such services will be directed by Applicant to provide the information required by subsection (b).

Signature: _____ Date: _____
Name (please print) _____
Capacity in which signed _____

(b) Applicant hereby certifies that the following information, in form reasonably satisfactory to the Washington County 9-1-1 Operations, has been provided to the Washington County 9-1-1 Operations:

- a footprint map for all sectors of the tower or antenna array
- an address for each sector of the tower meeting the address standards provided by Washington County 9-1-1 Operations, including separate designations for each sector

Signature: _____ Date: _____
Name (please print) _____
Capacity in which signed _____

Notice: Review fees of \$50.00 (checks or exact cash) need to be submitted with the application request for full consideration. Make check payable to "Washington County Planning". You may mail or drop off the review fees (address: 2615 S Brink Dr. Fayetteville, AR 72701).

Staff Use Only

This application was approved by the Staff of the Washington County Planning Board on (date):

Planning Director: _____ Date: _____