

APPENDIX "B"

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

WASHINGTON COUNTY, ARKANSAS
APPLICATION FOR ADMINISTRATIVE APPROVAL OF TOWER

Name of Applicant: _____

Address: _____

Phone: _____ FAX: _____

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.

Signature _____ Date _____ Name (please print) _____

Capacity in which signed _____

Property Owner: _____

Address: _____

Phone: _____ FAX: _____

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

Property Information:

Section: _____ Township: _____ Range: _____

Tax Parcel numbers: _____

Planning Area: _____

Quorum Court District: _____

Road Information:

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

Road surface: _____

Environmental Information:

Is the project subject to the National Environmental Policy Act?

Yes No

If yes, have the NEPA requirements been met?

Yes No (Please explain on attached sheet)

CHECKLIST
ADMINISTRATIVE APPROVAL OF TOWER (continued)

1. Plat review fee of \$50. (Waived for towers for personal use.)
2. Up to 5 copies of the plat, as required by the Staff.
3. Completed Application Form.
4. If the tower is being constructed for a specific purpose, a list of all existing towers within a 1 mile radius of the proposed site, or such smaller area as Applicant demonstrates would be suitable for the purpose to be served by the tower.
5. A statement that the owners of all such towers have been contacted and asked about the possibility of co-location, or an explanation of why such contact was not made.
6. A signed statement explaining why the available towers in the area are not suitable for co-location.
7. At the request of the Staff of the Planning Board, copies of correspondence with the owners of such towers, and such other additional information about one or more potential co-location sites, including a tower study, as may be required to ascertain whether co-location is infeasible.

The Plat must include the following information:

1. Name & address of owner, applicant, and surveyor.
2. Date, scale (1" - 100' preferred), and north arrow.
3. Vicinity map with scale and north arrow indicating surrounding roads, municipal limit lines, growth area boundaries, state lines, and county lines.
4. Legal description of the property on which the tower is to be placed, with dimensions and angles sufficient to locate all lines. Property shall be located by Section, Township, and Range, and tied to the nearest defined and referenced Section or Quarter Section Corner.
5. The precise location and dimensions of the proposed tower or existing tower as it is to be modified.
6. The location and identification existing roads or access ways within and to the property and within 20 feet plus the height of the tower from the base of the perimeter of the tower.
7. The location and size of existing easements on or adjoining the property, or a note that there are none.
8. The location of flood areas on the property or a note indicating there are none.
9. The location of perennial and intermittent water courses on or adjoining the property or a note indicating there are none.
10. A note describing any plat and deed restrictions or a note indicating there are none.

(Information required on Plat continued on next page)

CHECKLIST
ADMINISTRATIVE APPROVAL OF TOWER (continued)

Signature Blocks on the Plat

1. Certificate of Accuracy of Survey.

I certify that the plan shown and described hereon is a true and correct survey in compliance with the Regulations, Standards and Specification for the Division, Development and Improvement of Unincorporated Land in Washington County.

Date: _____ Surveyor: _____

2. Staff Approval

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

Planning Director: _____ Date: _____

Information which must be on either the plat or a signed Site Plan (at the option of the Applicant)

1. The location of all outbuildings to be placed on the property in connection with the tower.
2. The location of all personal residences within 800 feet plus the height of the tower from the perimeter of the base of the tower.
3. The names of the owners of such residences and copies of their signed consents to the placement of the proposed tower.
4. The existing topography on the property, as per existing U.S. Geological Services survey maps.

Signature Block on the Site Plan

Certificate of Accuracy

I certify that the information provided herein is true and correct and is in compliance with the Regulations, Standards and Specification for the Division, Development and Improvement of Unincorporated Land in Washington County.

Date: _____ Applicant/Engineer: _____

Name of Signatory: _____

Capacity in which signed: _____

(Information required in connection with Application continued on next page)

CHECKLIST
ADMINISTRATIVE APPROVAL OF TOWER (continued)

9-1-1 Information: (Sign alternative (a) OR (b), NOT BOTH)

(a) Applicant hereby certifies that the tower in question is not used for the provision of 9-1-1 services, and if the use of such tower 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

-a ten digit Pseudo ANI for each sector of the tower

-a non-disclosure agreement between the Applicant and Washington County 9-1-1 Operations, to be signed by the Washington County 9-1-1 Director or other authorized individual

Signature _____ Date _____

Name (please print) _____

Capacity in which signed _____