COMMUNICATION TOWER PERMIT APPLICATION

PIN: _____

Address: _____

APPLICANT INFORMATION

Tower Owner Name: _____ **Phone Number:** _____

Mailing Address: _____ **E-mail Address:** _____

Property Owner Name: _____ **Phone Number:** _____

Mailing Address: _____ **E-mail Address:** _____

APPLICATION TYPE

	NEW TOWER		EXISTING TOWER - Increased equipment - Collocation		EXISTING TOWER - Equipment maintenance - Equipment upgrades

PROPERTY INFORMATION:

Zoning District (check one)

	A-O Agriculture-Open Space		R-A Residential-Agricultural		R-1 Residential District
	R-2 Residential Resort District		N-C Neighborhood Commercial		CMU Commercial Mixed Use
	C Commercial District		I-D Industrial District		R-B Retail Business District

Overlay District (check all that apply)

	F-P Flood Plain District		PR Protected Ridge		WS-II Watershed District

CERTIFICATION

If the requested permit is granted, we, the undersigned, agree to conform to all Madison County Ordinances, North Carolina Statutes and all applicable Codes. We agree to meet or exceed all health, construction, safety and fire standards. We hereby certify that the above information and foregoing statements are true and correct.

Signature of Tower Owner Authorized Representative: _____

Date: _____

PROJECT CHECKLIST

PIN: _____
Address: _____
Name: _____
Phone: _____
E-mail: _____

*** Complete in order ***

1. COUNTY PLANNING (*Room 15*):

[ ] Compliant with LUO
[ ] Compliant with MRPO
[ ] Compliant with WSPO
[ ] Compliant with FDP

Signature: _____ *Date:* _____

1a. Town Planning:

[ ] Compliant with Town Ordinances
[ ] Water
[ ] Sewer

Signature: _____ *Date:* _____

2. ENVIRONMENTAL HEALTH (*Room 26*):

[ ] New system *Proposed BRs:* _____
[ ] Repair existing system *Current BRs:* _____ *Proposed BRs:* _____
[ ] Expand existing system *Current BRs:* _____ *Proposed BRs:* _____
[ ] Septic Construction Authorization *Date:* _____ *Initial:* _____
[ ] Operation Permit Issued *Date:* _____ *Initial:* _____

Signature: _____ *Date:* _____

3. MAPPING (*Room 24*):

[ ] Map printout with driveway accurately noted
[ ] Complete entire Address Request Form including e-mail address
[ ] Address assigned: _____

Signature: _____ *Date:* _____

4. SOLID WASTE (*271 Craig Rudisill Road, Marshall, NC*):

[ ] Determine solid waste management requirements
[ ] Plan for waste disposal and recycling facilities
[ ] Trash card

Signature: _____ *Date:* _____

5. BUILDING INSPECTIONS (*Room 19*):

[ ] Examine building plans for code compliance
[ ] Schedule and perform required inspections during construction
[ ] Issue certificate of occupancy upon project completion

Signature: _____ *Date:* _____

SITE PLAN SUBMSSION

PIN: _____
Address: _____

SITE PLAN SUBMISSION REQUIREMENTS:

This Site Plan form is a mandatory component of the Communication Tower Permit Application process. It is essential to assign a property address to a proposed structure, determine county land use requirements, and apply for a well and/or septic permit, where applicable. Evaluation by the Madison County Environmental Health Department and address assignment can only proceed once this form has been completed satisfactorily.

SITE PLAN TECHNICAL REQUIREMENTS:

1. Property lines with dimensions and orientation to streets, roads, and driveways (include North arrow)
2. Proposed structure location(s), including decks, walkways, garages, pools, or other structures including dimensions
3. Driveway location(s) and identification of primary access for addressing purposes
4. Preferred sites for septic system with dimensions and setbacks noted
5. Location of existing and proposed wells, including those on adjacent properties, if known
6. All surface water bodies such as springs, creeks, ponds, reivers, streams, wetlands, etc.
7. Existing or proposed easements, encroachment agreements and/or rights of way
8. Location of existing or proposed chemical or petroleum storage tanks, whether above or below ground

**** PLEASE ATTACH A SITE PLAN DRAWING WHICH SATISFIES ALL OF THE FOREGOING REQUIREMENTS ****

CERTIFICATION

I/we, the undersigned, certify that the information provided in connection with this proposed Site Plan and related application is accurate and that we have included all the required items in the Site Plan. We understand that any changes may void this Site Plan and related application.

Signature of Tower Owner Authorized Representative: _____ **Date:** _____

Signature of Property Owner:_____ **Date:** _____