

**HENDERSON COUNTY
COMMUNICATION FACILITY APPLICATION FORM**

GENERAL INFORMATION

Date of Application: _____

Previously Submitted (Circle One): Yes No **Date of Previous Submittal:** _____

Date of Pre-Application Conference: _____

COMMUNICATION FACILITY INFORMATION

Communication Facility Type: Category 1 Category 2 Category 3

Communication Facility Height (feet): _____

Existing Communication Facility Onsite: Yes No Replacement Tower: Yes No

The site consists of a (please circle one): Lot of Record Deeded Easement

PARCEL INFORMATION

PIN: _____ Deed Book/Page: _____ Tract Size (Acres): _____

Zoning District: _____ Fire District: _____ Watershed: _____

Floodplain: _____ Protected Mountain Ridge Buffer: _____

Location of property to be developed: _____

APPLICATIONS FOR CATEGORY TWO (2) AND CATEGORY THREE (3) FACILITIES

If applying for a Category Two (2) or Category Three (3) Communication Facility attached is the following:

- _____ Communication Facility Site Plan
- _____ Signed and sealed statement by an active registered North Carolina Professional Engineer regarding the number of additional users the facility with accommodate
- _____ Written statement, by the applicant, regarding allowing future collocation
- _____ Documentation (including the list of property owners mailed and the letter with its attachments which was provided in the mailing) to serve as evidence of mailed notices of intent
- _____ Written statement, by the applicant, regarding attempt to collocate on existing facilities
- _____ Evidence of compliance with other applicable local, State and Federal regulations, rules, laws and ordinances
- _____ Statement of intent from adjacent property owners to grant an easement to the applicant (if applicable)
- _____ Affidavits of understanding from the owners of property and/or structures which meet the classification of "occupied building" which are located within the 110 percent height radius (if applicable)
- _____ Written statement, by the applicant, indicating intent to remove the original communication facility within 90 days of completion of the replacement communication facility (if applicable)

CONTACT INFORMATION

Property Owner:

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Applicant:

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Agent:

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Agent Form (Circle One): Yes No

Plan Preparer:

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

I certify that the information shown above is true and accurate and is in conformance with the Land Development regulations of Henderson County.

Print Applicant (Owner or Agent) Signature Applicant (Owner or Agent) Date

County Use Only

Fee: \$ _____ Paid: _____ Method: _____ Received by: _____

Date of Notification of Completion of Application: _____