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: __________________________