

TRANSYLVANIA COUNTY TELECOMMUNICATIONS TOWER PERMIT

Date: _____ Permit Number: _____ Fee Collected \$ _____
 Property P.I.N.: _____ recorded in Book _____, Page _____, Registry of Transylvania County
 Owner: _____ Surveyor: _____ phone: _____
 Engineer: _____ phone: _____

In accordance with the Transylvania County Telecommunications Tower Ordinance, a permit is hereby granted to:

The tower is located at _____ in _____ Township.

Administrative Review (\$2,000)	Administrative Review (\$1,000)	Application Review (\$5,000)	Variance (\$100)
<input type="checkbox"/> Substantial Modification	<input type="checkbox"/> Minor Modification	<input type="checkbox"/> New Tower	<input type="checkbox"/> Variance
<input type="checkbox"/> Public Right of Way / Replacement Pole	<input type="checkbox"/> Collocation: # antenna arrays _____		
<input type="checkbox"/> COW > 120 days			

Tower Height: _____ Tower Design Loads: _____ Site Acreage: _____ Frequency: _____

Will frequency interfere with radio astronomy facility, Pisgah Astronomical Research Institute (PARI): Yes No

Distance to closest dwelling unit: _____

Is tower within line of site of any historic structures? Yes No

Are there existing towers on property? Yes: (tower name & type) _____ No

Type of proposed tower: Cellular Radio Television Emergency/911 Other: _____

Tower Design Plan attached? Yes No

Site Development Plan attached? Yes No

Access Road: Public Private: (owner name) _____ (phone) _____

Adjacent State Maintained Road: _____ (SR#) _____

FIRM map panel: _____ USGS quad: _____ Flood Hazard Area: Yes No

Additional documentation attached? Yes No

Applicant acknowledgment: *I the undersigned certify that this information is correct and agree to comply with all applicable laws, statues, ordinances, codes and approved permits.*

(type or print company name if applicable)

(type or print company name if applicable)

(type or print applicant name)

(type or print agent name)

(applicant signature)

(date)

(agent signature)

(date)

(mailing address)

(mailing address)

(city, state, zip)

(city, state, zip)

(e-mail address)

(phone)

(e-mail address)

(phone)

Issued this ____ day of _____, _____

(Ordinance Administrator / Enforcement Officer for Transylvania County)

Date Approved by the Planning Board: _____