

**COMMUNICATIONS TOWER APPLICATION
POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION**

Checked By: _____ FEE: _____
 Received By: _____ Conditional Use: _____
 Date Submitted: _____ Administrative Review: _____
 Fee Paid: _____ with Height or Construction Modification: _____
 Application No.: _____ Receipt # _____

Please type or print all information below. An incomplete application cannot be accepted.

APPLICANT

OWNER(S)

Name _____
 Address _____
 _____ City _____
 State _____ Zip _____
 Phone: Home _____ Work _____
 Fax: _____ Mobile _____

Name _____
 Address _____
 _____ City _____
 State _____ Zip _____
 Phone: Home _____ Work _____
 Fax: _____ Mobile _____

PROPERTY:

Location or Address _____ Tax Acct. No. _____ Acreage _____
 Township _____; Range _____; Section (s) _____; Taxlot (s) _____

Coordinates for center of lease area (communications tower location), within 10' of accuracy:

<u>NAD 83 State Plane Coordinates</u>	<u>NAD 27 Geodetic Coordinates</u>	<u>NAD 83 Geodetic Coordinates</u>
Northing: _____ International feet	Latitude: _____	Latitude: _____
Easting: _____ International feet	Longitude: _____	Longitude: _____

Comp Plan Designation _____ Zone _____

Previous action(s) involving the subject property (For example, conditional use, variance, etc.)

PUBLIC SERVICE AND UTILITIES INFORMATION:

A. School District _____ B. Fire District _____ C. Area Advisory Committee _____

Proposed tower height: _____ feet. Proposed tower color: _____
 Ground elevation of proposed location: _____ Will any antennae or attachments exceed tower height? _____
 If yes, describe: _____
 Type of construction (monopole, lattice, etc.) _____ Describe type of proposed lighting: _____
 Total number of providers that could locate on facility: _____ Are there dwellings on adjacent properties? _____
 Identify the dwellings: (T,R,S,Taxlot) _____ If yes, distance of each to the proposed tower: _____
 Address of each dwelling: _____

COMMUNICATIONS TOWER APPLICATION CHECKLIST

In all land use actions, the “burden of proof” is on the applicant. It is important that you provide information, which clearly describes the nature of the request and indicates how the proposal meets all the criteria within the Zoning Ordinance.

The information requested below is required at the time you submit your application. The processing of your application does not begin until the application is determined to be complete. An incomplete application will postpone the decision, or may result in denial of the request.

- A written statement of intent, attached to this application, with necessary supporting evidence which fully and factually describes the following:
 - ___ How is access to the site proposed to be obtained?
 - ___ Provide information on public meeting conducted: date, location, time, individuals notified, copy of the notice, copy of the notice provided for the meeting.
 - ___ A complete explanation of how the request complies with provisions and criteria in the Zoning Ordinance. A planner will explain which sections of the Ordinance pertain to your specific request. You must address each of the Ordinance criterion, on a point-by-point basis in order for this application to be deemed complete.
 - ___ A description of the property in question, including, but not limited to the following: size, vegetation, crops grown, access, existing buildings, topography, etc.
 - ___ A complete description of the request, including any new structures proposed.

- A plot plan of the property on a scale map. These maps and aerial photos are available from the Community Development Department. Indicate the following on your plot plan:
 - ___ Location of all existing and proposed buildings and structures
 - ___ Existing County Road, public right-of-way or other means of legal access
 - ___ 100-year floodplain elevation (if applicable)
 - ___ Vegetation on the property
 - ___ Location of any outstanding physical features

- A Current deed with legal description. Deed copies may be obtained at the Polk County Clerk's Office.

- A current printout from the Polk County Assessors Office for each taxlot subject to the proposed land use action.

I certify that this application and its related documents are accurate to the best of my knowledge. I am aware that there is a twelve-(12) day appeal period following the date of the Planning Director’s decision of this land use action. I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request. If the application is signed by an agent, the owner's written authorization must be attached.

Signatures of Owners that appear on deed and/or Authorized Agent

PLEASE NOTE: THIS APPLICATION MUST BE RETURNED IN PERSON. MAIL-IN APPLICATIONS CANNOT BE ACCEPTED.