

# 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)

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(date)

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(mailing address)

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(city, state, zip)

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(city, state, zip)

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(e-mail address)

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(phone)

Issued this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Ordinance Administrator / Enforcement Officer for Transylvania County)

**Date Approved by the Planning Board:** \_\_\_\_\_