

Application No.

APPLICATION FOR WIRELESS COMMUNICATION FACILITY

FOR STAFF USE ONLY

Application No. _____ Applicant Name _____

Received by _____ Date _____

To the applicant:

By filling out this application form in full, and attaching it to the materials requested, you will assist the City of Salina in its effort to promptly review your application for setting a wireless communication facility within the city. The information requested by this application is the minimum required under Section 42-69 of the City's Zoning Ordinance. You should submit any additional information or materials you believe will assist the Planning staff in its review of your proposal. This application is required for changes to antennas, ground cabinet installations or modifications, and co-locations on existing towers in addition to proposed tower construction and antenna mounts on existing buildings or structures.

Under the ordinance, certain conditions allow the City's Zoning official to issue an administrative permit for an attached wireless communication facility. Other conditions require the approval of the Planning Commission and / or City Commission. Though you may have an idea of which process will be appropriate to your situation, you will be contacted as soon as possible when the Planning staff makes a determination as to whether a Class A, B or C permit is required.

This application must be filled out in full, and must bear the signature of the property owner (or the duly authorized representative of all ownership interests) as well as the signature of the applicant, or applicant's representative. Additionally, the appropriate application fee must accompany this application. Incomplete applications or those submitted without the proper fee will not be processed or scheduled for a public hearing.

WIRELESS COMMUNICATION FACILITY APPLICATION

PROPERTY OWNER'S INFORMATION

Name			
Street Address			
City		State	Zip
Phone (home)	(off	fice)	(fax)
Email address			
Owner's Signature		Date	
APPLICANT INFORMA	ΓΙΟΝ		
Name			
Street Address			
City		State	Zip
Phone (home)	(offic	ce)	(fax)
Email address			
Applicant's Signature			Date
LOCATION OF PROPO	SED FACILITY		
Address			
Legal Description			
Existing zoning of parcel			
Existing use of parcel			
CHARACTERISTICS O	F PROPOSED F	ACILITY	
Will the facility and its acce	ssory equipment k	be:	
Connected to an existing build	ding or structure? _		
Collocated on an existing Wir	eless Communicatio	on Facility, approved	by the City of Salina for Co-location?
A new tower or other structure	e designed to physic	cally accommodate of	other co-located users?
If you answer "yes" to any of t	the above questions	s please provide deta	ails in Attachment "D" to this application.
Type of permit requested	Class A	Class B	Class C

WIRELESS COMMUNICATION FACILITY APPLICATION

ATTACHMENTS

All attachments listed below must be included. Please letter each attachment as indicated.

A	. Legal description of the entire property, including a separate description of the proposed lease area.
B	• Project site plans for the proposed site and overall parcel prepared in accordance with the requirements of the City of Salina Zoning Ordinance. If a new tower is proposed, the site plan shall include a detailed plan of the tower compound including any proposed equipment buildings, landscaping or screening. A maintenance plan, and any applicable maintenance agreement shall accompany the site plan.
C	. Statement of Need for the proposed facility.
D	9. Full description of the proposed facility, including the support structure and any accessory buildings. This description must demonstrate a justification for the proposed height of the structure and an evaluation of alternative designs that might result in lower height.
E	. Engineer's certification regarding structural integrity of the proposed structure.
F	. A soils report from a geotechnical engineer licensed in Kansas confirming the suitability of the site's soil conditions for the proposed use, if required by the Building Official.
G	Affidavit signed by the owner and applicant describing the security to ensure removal of the facility upon abandonment.
H	. Map showing existing and known proposed wireless communication facilities within City of Salina and in adjacent areas relevant to co-location or demonstration of need. If any information is trade secret and/or confidential commercial information, which the applicant wishes to remain confidential, Attachment H should include a request for confidentiality.
l.	Payment of the appropriate fee (see Comprehensive Fee Schedule) to the City of Salina.
J	Other materials at discretion of applicant.

CONTACT PERSON

If different from the "Contact Person" listed above for purposes of this application, please provide the following information concerning the person to contact for ongoing engineering, maintenance and other notice purposes during the life of the proposed facility.

Contact person's name		
Contact person's address		
City	State	Zip
Phone (home)	(office)	_ (fax)
(cell)	_Email	