



Towers & Antennas Application

THIS SPACE FOR OFFICE USE ONLY

USE TYPE: (*check one*) CU PU CU w/SPR PU w/SPR AGENDA DATE: _____

PROPOSED USE: _____

MAP/ PARCEL NUMBER: _____ DISTRICT: _____ PERMIT NUMBER: _____

REFERENCE OTHER PERMITS: _____

TOWER SETBACKS: Front: _____ Side: _____ Side: _____ Rear: _____ VARIANCES: _____

EQUIP. CABINET SETBACKS: Front: _____ Side: _____ Side: _____ Rear: _____ VARIANCES: _____

RECEIPT NUMBER: _____ AMOUNT: \$ _____ DATE: _____

APPROVED BY: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

PLEASE PRINT LEGIBLY

DATE: _____

1. Address of Proposed Use: _____
2. Applicant's Name: _____
3. Application is for this type of business or use: _____
4. E-mail address for primary contact (required) _____

PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.

5. Applicant's Mailing Address: P. O. Box or street address _____
City _____ State _____ Zip _____
6. Applicant's Daytime Phone: _____ - _____ - _____
7. Property Owner's Name: _____
8. Is this application for: New Tower? Co-location? Antenna Upgrade?
9. What size is this property? _____
What size is the lease area? _____
10. Is the tower proposed or existing?
 Proposed
 Existing
11. What is the tower type?
 Monopole
 Lattice
 Guyed
 Stealth
 Other _____

12. What color is the tower/antenna? _____
13. What is the tower/antenna height? _____
14. How many users can the tower accommodate? _____
How many users does the tower/building currently accommodate? _____
15. Is there a residential structure located on this property? Yes No
16. Has an engineer certified the structural integrity of the tower/ antenna load capabilities? Yes No
17. Does the tower exceed the acceptable RF limits as mandated by the FCC? Yes No
[800-900 MH for cellular communication towers, 1800-1900 MH for PCS]
18. Has an engineer certified that the tower will fall within the required setback area if failure occurs? Yes No
Has a Georgia Registered Land Surveyor certified the distance of the proposed tower to existing towers? Yes No
19. Is an equipment cabinet or shelter proposed as part of this application? Yes No
If yes, Cabinet height _____ Cabinet square footage _____
20. Which of the following items accompany application?
- Information on the location, type, and intensity of lighting for the tower
 - Site plan indicating fencing location, type, and height
 - Landscape plan
 - Information on proposed equipment cabinets including site plan with proposed setbacks and cabinet height
 - Computer generated simulation of a to-scale representation of the tower or antenna
 - Map displaying existing and proposed coverage areas
 - Narrative explanation of proposal
 - Engineer certification of fall area and setbacks
 - Surveyor certification of distance to other towers
21. Does the proposed tower affect any of the following areas?
- A. wildlife area
 - B. wildlife preserve
 - C. historic district
 - D. floodplain, state waters, or wetlands
 - E. Indian religious sites
 - F. Area containing endangered species
 - G. Residential district that will call for high visibility white lights

PLEASE READ, SIGN AND DATE

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE _____ DATE _____

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission
If you have any questions and or concerns, please contact us at info@mbpz.org**