



### 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](mailto:info@mbpz.org)**