



**Perquimans County, North Carolina**  
Application for Telecommunications Facility  
(Co-location or Eligible Facilities Request Application)

This section to be completed by County:  
Date filed: \_\_\_\_\_ Fees received: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Confirmed by: \_\_\_\_\_. Co-location or Eligible Facilities Request based on  
New Tower Permit No. SUP-\_\_\_\_\_-\_\_\_\_\_. Zoning Permit No. \_\_\_\_\_.

**OWNER, APPLICANT AND LESSOR/LICENSOR INFORMATION**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant's Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Commercial Wireless Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Lessor/Licensor Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Perquimans County, North Carolina**  
**Application for Co-location or Eligible Facilities Request**

EXISTING CONDITIONS	
Site Address:	
Description of Property:	
Latitude (NAD83):	Longitude (NAD83):
Ground Elevation (AMSL) in feet:	Total height of existing Tower (AGL) in feet:
RAD Center (in feet):	
Tax PIN:           -       -	Parcel No:       -       -       -
Zoning District:	Land Use Classification:
Size of property:                                  Acres	Lot Width:                                  Lot Depth:
Flood Zone:	Community Panel No.:
FCC Antenna Structure Registration (ASR) No. (if applicable):	
Conditional Use Permit (CUP) No. (if applicable):	

PROPOSED FACILITIES	
Co-location on existing tower:       Yes [ ]   No [ ]	Co-location on existing water tank:   Yes [ ]   No [ ]
Co-location on an existing Concealed support structure:                                  Yes [ ]   No [ ]	Replacement (upgrade) of existing antennas:                                  Yes [ ]   No [ ]

**REQUIRED CERTIFICATIONS (also see pages 3 and 4 of Application):**

- (1) A statement on provider stationery from a qualified individual that the applicant will comply with all FCC rules regarding human exposure to RF energy, along with the applicant’s qualifications;
- (2) A statement on provider stationery from the Applicant that the Applicant will comply with all applicable FCC rules regarding radio-frequency interference;
- (3) A Structural Analysis by a North Carolina Registered Professional Engineer that the support structure upon completion of the applicant’s installation complies with TIA/EIA-222 F or G standard, as amended, along with applicable Federal, State and Perquimans County building codes.

Please Note: Supplemental information may be requested for purposes of clarity or confirmation.

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1) Is this a temporary or permanent facility? \_\_\_\_\_

2) If the proposed facility is a modification of an existing facility, please describe the extent of the modification(s) to determine major or minor criteria: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Describe any signage, including size and location, to be located at the proposed facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

I (We), the undersigned, do hereby respectfully apply for a co-location wireless telecommunications facility on the property described herein. I (we) affirm that this application form and attached materials are true and accurate to the best of my (our) knowledge. Furthermore, I (we) certify the following:

That I (we) have not constructed or modified, without the approval of Perquimans County, any wireless telecommunication facility on or after the effective date of this Ordinance (July 30, 2002). If any facility has ceased operation all of my (our) antennas, feed lines and ground based equipment have been removed; and

Any retention of outside consultants deemed necessary by the County will be at the expense of the applicant as outlined in Article XVIII, Section 1813(a) and (c) of the Perquimans County Zoning Ordinance.

\_\_\_\_\_  
Printed Name and Signature of Support Structure or Authorized Agent

\_\_\_\_\_  
Date

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Attachments include the following:

- \_\_\_\_\_ Completed Application;
- \_\_\_\_\_ Site Development Plan and Construction Details in accordance with Article XVIII, Sections 1807 and 1810 of the Perquimans County Zoning Ordinance;
- \_\_\_\_\_ Required certifications and supplemental information;
- \_\_\_\_\_ Additional statements explaining extent of proposed improvements;
- \_\_\_\_\_ Support Structure Owner’s Authorization for Agent;
- \_\_\_\_\_ Legal Description and/or boundary survey of property on which support structure is located;
- \_\_\_\_\_ See latest Fee Schedule, revised for Current Fiscal Year and posted under Planning & Zoning on County Website;
- \_\_\_\_\_ A Certificate of Insurance demonstrating that the applicant has a minimum of \$1,000,000 in general liability insurance covering any liability arising out of its construction or operation of their portion of the wireless telecommunication facility;
- \_\_\_\_\_ Any additional information needed by the County’s consultant, planner, building inspector, fire and emergency management officials, etc.; and
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Application received by Planning & Zoning Office on: _____		
CityScape	Date Complete	
Planning and Zoning Administrator	Date Approved	Permit Number

**Perquimans County, North Carolina**  
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**OWNER(S)' AUTHORIZATION FORM**

**\*\*NOTE: IF THE APPLICANT REQUESTING A CO-LOCATION TELECOMMUNICATIONS PERMIT FOR A PARTICULAR SUPPORT STRUCTURE IS NOT THE ACTUAL OWNER OF THE SUPPORT STRUCTURE, THE ACTUAL OWNER MUST COMPLETE THIS FORM. IF THE PERSON WHO IS REQUESTING A COLLOCATION WIRELESS TELECOMMUNICATIONS FACILITY PERMIT IS THE OWNER, PLEASE DISREGARD THIS FORM\*\***

Dear Sir or Madam:

I am the owner of the support structure located at \_\_\_\_\_ . I hereby authorize \_\_\_\_\_ to appear with my consent before the Planning & Zoning Administrator and/or the County Manager in order to request a Co-location Telecommunications Permit at this location. I authorize you to present this matter in my name as the owner of the support structure. If you have questions or need more information, please contact me at address \_\_\_\_\_ or by telephone at \_\_\_\_\_.

Respectfully yours,

\_\_\_\_\_

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Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_