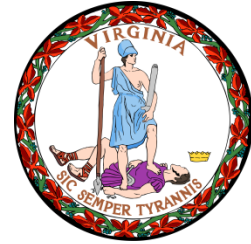




Commonwealth of Virginia
Fluvanna County



Antenna Attachment, Co-location, and Modification Application and Checklist

Fees: \$550 Site Plan Review fee and \$900 consultant fee. Payable in one check, or cash.

The Following MUST be included with your application:

1. A statement from a qualified individual on applicant letter head that the applicant will comply with all FCC Rules regarding human exposure to RF energy, along with the individuals qualifications.
2. A statement from the applicant stating that the applicant will comply will all applicable FCC Rules regarding radio-frequency interference.
3. Complete Plans of the proposed facility addressing the items outlined in Page 3 of this application, and which also meet County Building Code requirements.

Additional Information may be requested.

Commercial Wireless Provider _____

Applicant's Name

Phone _____ Fax _____ Email _____

Address _____

WCF'S Owner Name (if different from applicant)

Phone _____ Fax _____ Email _____

Address _____

Property Owners Name

Phone _____ Fax _____ Email _____

Address _____

For Co-location or attachment on County Property lessor/licensor legal/attorney contact information

Phone _____ Fax _____ Email _____

Address _____

Antenna element replacement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-location on existing tower	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-location on existing utility distribution pole	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concealed antenna attachment on water tank	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concealed antenna attachment on building	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-concealed co-location/antennae attachment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Modification/replacement of existing antennae's	Yes <input type="checkbox"/> No <input type="checkbox"/>

Facility Information

Site Address _____

Site Tax Parcel Identification Number _____

Property Zoning _____

Current Use of Property _____

Latitude (NAD 83) _____ Longitude (NAD 83) _____

Ground Elevation (AMSL) (Ft.) _____

Total Height of Structure (AGL) (Ft.) _____

RAD Center (Ft.) _____

FCC Antenna Structure Registration Number (ASR) (if applicable) _____

- All Applications are subject to standards set in Fluvanna County Zoning Ordinance, Article 27 'Regulation of Telecommunication Facilities'
- The table on page 3 lists what is required for each specific type of application
- Development Standards in the table on page 3 are abbreviated in description. See Fluvanna County Zoning Ordinance, Article 27 'Regulation of Telecommunication Facilities' for a complete description of what is required for submittal.

Development Standards X = Required	<i>Antenna Element Replacement</i>	<i>Concealed colocation or attachment on TASF</i>	<i>Non-concealed colocation or combined on existing TASF</i>	<i>Modification to existing colocation antenna array</i>	<i>Non-concealed colocation or attachment on existing utility pole</i>
Contact Planning for submittal requirements/fee/process/dates		X	X	X	X
Affidavit by RF engineer indicating compliance with siting alternative hierarchy		X	X	X	X
Two sets of signed & sealed site plans	X	X	X	X	X
Identification card or tax bill showing ownership of property	X	X	X	X	X
Proof of applicants authorization	X	X	X	X	X
Color map of designated search ring		X	X	X	X
Site plan/survey		X	X	X	X
Structural analysis by VA PE		X	X	X	X
Written statement giving reason for antenna replacement	X				
Description of proposed antenna replacement including antenna element design, type and manufactures mode number of the existing and proposed antenna				X	
Site plan/survey shall include:					
Location of added antenna	X	X	X	X	X
Size ,number, location of feed lines		X	X	X	X
Ground equipment identified by owner, type and size		X	X	X	X
Description of method of attaching equipment		X	X	X	X
Dimensions of antenna on tower		X	X	X	X
Setbacks of all equipment		X	X	X	X
Method of concealment techniques for antenna		X			
If required, photo-simulated post construction renderings of proposed concealed equipment on existing concealed structure; or on existing building or water tank		X			
Method of concealment techniques for antenna, feed lines, ground equipment		X			
Fencing type and location		X	X	X	X
Landscape/buffer plan		X	X	X	X
For Office Use Only					
Date received:	ZUP____:____		Fee:	Date Sent to Consultant:	
Election District:	Planning Area:			Date of Approval/Denial:	