

TOWER LOCATION AND CONSTRUCTION PERMIT

CARROLL COUNTY PLANNING & ZONING

114 East 6th St., Carroll, Iowa 51401

Phone (712) 792-9532 FAX (712) 792-9537

Date: _____

Phone Number (____) ____ - _____

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: _____

City: _____ State: _____ Zip: _____ Phone Number (____) ____ - _____

Location (Legal Description) _____ Parcel ID# _____

(Attach additional Information if applying for multiple towers)

Is the proposed tower located in any of the following:

- An "Agricultural Area" consisting of over 300 acres and approved by the County Board of Supervisors per Iowa Code 352.6
- Within 2 Miles of an Incorporated City Limits
- In An Unincorporated Community Such As Mt. Carmel, Maple River or Roselle
- Flood Plain

Primary Use and Number of Tower(s): _____

Height of Proposed Tower(s) (ref:14.15.040.02) _____

Zoning District Designation for proposed tower site. _____

Indicate if the following information is attached to the Application (Criteria contained in Section 14.15.040 Carroll County Zoning Ordinance):

Proposed Site Plan	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.03.1</u>
Map of Current Sites in County	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.03.2</u>
Report from Structural Engineer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.03.3</u>
Property Owner Authorization	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.03.4</u>
Documentation from Airport Commission	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.03.5</u>
Documentation of Co-Location Efforts	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.04.1</u>
Accommodation of Future Demand	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.04.2</u>
Insurance if on County Owned Property	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.04.5</u>
Setback Requirements	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.04.7</u>
Property Owner Dwelling Setback Waiver	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040.04.12(3)</u>
Base Screening (if required)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<u>Ref: 14.15.040..04.8</u>

Construction Start Date ____/____/____ Estimated Completion Date ____/____/____

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that this application is true and correct.

Signature of Applicant: _____ Date: _____

<input type="radio"/> Approved	<input type="radio"/> Disapproved
Date	_____
Signature	_____
Title	_____
Permit Number	_____
Fee	# of Towers _____ X \$200.00 = _____ Total

Reason for Denial (if necessary)	_____

PLEASE SUBMIT A MAP SHOWING THE STRUCTURE'S LOCATION ON THE PROPOSED CONSTRUCTION SITE