

# Communications Tower Application Checklist

## City of Pooler, Georgia

Date Submitted: \_\_\_\_\_

APPLICANT'S NAME: _____
Phone: _____ FAX: _____ E-mail: _____
PROPERTY OWNER: _____
Phone: _____
APPLICANT'S CONTACT: _____
Address _____
Phone: _____ FAX: _____ E-mail: _____
Lessor/Licenser Contact Information:
Name: _____
Address: _____
Phone: _____ FAX: _____ E-mail: _____

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

New Structure: Yes [ ] No [ ]      Co-location: Yes [ ] No [ ]      Water Tower: Yes [ ] No [ ]  
Replace Existing Structure: Yes [ ] No [ ]      Replacement (upgrade) of existing antennas Yes [ ] No [ ]  
Stealth Attached Facility: Yes [ ] No [ ]      New Stealth Antenna Support Structure: Yes [ ] No [ ]

### FACILITY INFORMATION:

Site Address: \_\_\_\_\_  
Latitude (NAD83): \_\_\_\_\_ Longitude (NAD83): \_\_\_\_\_  
Ground Elevation (AMSL) (ft): \_\_\_\_\_ Total Height of Tower: (AGL) (ft) \_\_\_\_\_  
RAD Center (ft): \_\_\_\_\_  
TAX Parcel Identification Number: \_\_\_\_\_  
Present Zoning of Property: \_\_\_\_\_  
Land Use and Description of Property: \_\_\_\_\_  
FCC Antenna Structure Registration Number (ASR) (if applicable): \_\_\_\_\_

### The following must be enclosed with this application:

1. A map (electronic preferable) of the same search ring submitted and used by the applicant's site locator;
2. A map (electronic preferable) indicating applicant's existing RF signal propagation;
3. A map (electronic preferable) indicating applicant's proposed new RF signal propagation;
4. A statement (electronic preferable) from a qualified individual that the applicant will comply with all FCC rules regarding human exposure to RF energy, along with the individual's qualifications.
5. A statement (electronic preferable) from the applicant that the applicant will comply with all applicable FCC rules regarding radio-frequency interference;
6. A statement (electronic preferable) that the submitted search ring is the same as utilized in the selection of the site;
7. Complete plans of the proposed facility to include a structural certification by a Registered Professional Engineer that the facility complies with applicable Federal, State and County building codes;

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

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**SUBMITTAL REQUIREMENTS**

	Concealed Attached	Colocation or Combined	Concealed Freestanding	Non-Concealed Attached	Non-Concealed Freestanding	Reconstruction or Replacement	Antenna Element Replacement
Application form	√	√	√	√	√	√	√
Payment of fees	√	√	√	√	√	√	√
Proof of subject parcel ownership	√	√	√	√	√	√	√
Applicant authorization	√	√	√	√	√	√	√
Evidence of Need	√	√	√	√	√	√	√
Statement that no other higher ranked alternatives are available		√	√	√	√	√	
Graphics:							
• Location map	√	√	√	√	√	√	√
• Color coverage maps	√	√	√	√	√	√	
Site Plan							
• Listing of adjacent zoning			√	√	√	√	
• Access	√	√	√	√	√	√	
• Landscaping	√	√	√	√	√	√	
• Drainage	√	√	√	√	√	√	
• Utilities	√	√	√	√	√	√	
• Height	√	√	√	√	√	√	
• Type	√	√	√	√	√	√	
• Setbacks (Statement meeting break-point technology (if applicable))			√		√	√	
• Aesthetics			√		√	√	
• Equipment compound			√		√	√	
• Lighting			√		√	√	
• Signage			√		√	√	
WTF Plan			√		√	√	
• Elevation drawings	√	√	√	√	√	√	
• Elevation views	√	√	√	√	√	√	
• Mounting locations and brackets	√	√	√	√	√	√	
• Equipment brochures	√	√	√	√	√	√	
• Collocation verification	√	√	√	√	√	√	
Visual Impact Analysis							
• Line of sight			√		√	√	
Note: For each requirement, a √ symbol means that it applies to the facility type in the corresponding column							

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	Concealed Attached	Colocation or Combined	Concealed Freestanding	Non-Concealed Attached	Non-Concealed Freestanding	Reconstruction or Replacement	Antenna Element Replacement
• Photo Simulations			√		√	√	
• Balloon Test			√		√	√	
Documentation							
• Height	√	√	√	√	√	√	
• Radio Authorization Form ?			√		√	√	
• FAA Compliance			√		√	√	
• SHPPO			√		√	√	
• RF engineer qualifications	√	√	√	√	√	√	
Documentation				√			
• Height	√	√	√	√	√	√	
• Radio Authorization Form ?	√	√	√	√	√	√	
• FAA Compliance	√	√	√	√	√	√	
• SHPPO	√	√	√	√	√	√	
• RF engineer qualifications	√	√	√	√	√	√	
• Structural loading analysis	√	√	√	√	√	√	
• Environmental	√	√	√	√	√	√	
• Compliance with public safety communications standards	√	√	√	√	√	√	
• Statement of RF emissions compliance	√	√	√	√	√	√	√
• FAA airspace compliance (if applicable)	√	√	√	√	√	√	√
• Handoff candidates, R.F. frequency plot plan, latitude and longitude; antenna heights and power levels	√	√	√	√	√	√	√
• Map of search ring	√	√	√	√	√	√	√
• Notices sent to nearby property owners (if applicable)			√		√	√	
Reason for modifications						√	√
Description of modifications						√	√
Note: For each requirement, a √ symbol means that it applies to the facility type in the corresponding column							

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THE CITY SHALL REVIEW THE COMPLETED APPLICATION AND ADVISE THE APPLICANT IF THE MATERIALS SUBMITTED ARE COMPLETE OR INCOMPLETE WITHIN FIFTEEN BUSINESS DAYS OF THE DATE OF APPLICATION SUBMISSION.

**APPLICANT'S CERTIFICATIONS**

The applicant represents and certifies that the following are true and accurate:

- ✓ The proposed WCF complies with and at all times will be maintained and operated in accordance with, all applicable FCC rules and regulations with respect to environmental effects of electromagnetic emissions.
- ✓ The applicant certifies that all statements, certifications and representations supplied in this application are true and correct and that the persons signing the application are duly authorized to execute this application and otherwise to act on behalf of the applicant.
- ✓ All improvements constructed as part of the wireless telecommunications facility shall comply with the Uniform Building Code, National Electrical Code, Uniform Plumbing Code, Uniform Mechanical Code, Uniform Fire Code, and structural standards of the Electronic Industries Association/Telecommunications Industry Association, where applicable.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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Date Received by City: \_\_\_\_\_

Fee Amount Received: \_\_\_\_\_

Application Complete or Incomplete: \_\_\_\_\_

Date of Notification to Applicant: \_\_\_\_\_