

Administrative Permit Application Community and Local Interest Towers/Antennas

MUNICIPALITY OF ANCHORAGE
Planning Department / Land Use
PO Box 196650
Anchorage, AK 99519-6650

PETITIONER

Contact Person's Name		
Mailing Address		
City	State	Zip
Phone	Email	

PROPERTY INFORMATION

Parcel Identification No. (000-000-00-000)		Zoning District	Tower Classification: <input type="checkbox"/> Local Interest <input type="checkbox"/> Community Interest
Property Legal Description (Subdivision Name, Block #, Lot # or Township, Range, Section S.M. and Lot #)			
Site Address:			Tower Type: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Antenna Only, Large <input type="checkbox"/> Antenna Only, Small
MSL elevation of tower base (NGS datum):	Elevation of top of highest antenna (NGS datum):	Overall tower height:	
Number of antennas requested:	Number of existing antennas on this tower operated by others:	Date of tower construction:	

PROPERTY OWNER

Name		
Mailing Address		
City	State	Zip
Phone	Email	

ENGINEER

Name		
Mailing Address		
City	State	Zip
Phone	Email	

TOWER/ANTENNA OPERATOR

Name		
Street Address		
Mailing Address		
City	State	Zip
Phone	Email	

Accepted by:	Applicable Fee:	Assigned Admin Permit #:	Date Application Received:
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REQUIRED ATTACHMENTS

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| <ul style="list-style-type: none"> <input type="checkbox"/> Fee: \$280.00 <input type="checkbox"/> Site Plan Drawn to Scale, Including: <ul style="list-style-type: none"> • North Arrow • Tower location on property • Elevations • Easements • Roads or Rights of Way • Registered surveyor, architect, or engineer stamp • Title block with name of site, revisions made, location of property, scale, sheet number and street address of property <input type="checkbox"/> Guy Wire Setbacks, if applicable <input type="checkbox"/> Affidavit from electrical engineer or FCC attesting that the antenna(s) meet ANSI standards for nonionizing electromagnetic radiation. <input type="checkbox"/> Proof of noticing for interference. Provide a copy of the letter to be sent to property owners of the parcels within 500 feet of the outer boundary of the land subject to the application, or the 50 parcels nearest to the outer boundary of the land subject to the application, whichever is the greater number of parcels, and a list of the names of people the letters will be sent to. The notice shall include: <ul style="list-style-type: none"> • The date of activation • A statement that the Federal Communications Commission (FCC) has authority over interference caused by telecommunications facilities, and how to contact the FCC to register a complaint • The antenna operator's contact information, including phone number and normal business hours, or, if none, hours the operator can be reached by phone. | <ul style="list-style-type: none"> <input type="checkbox"/> Letter of Authorization from Property Owner <input type="checkbox"/> Existing & Proposed Topography, and Datum used <input type="checkbox"/> Proof that Collocation will be allowed or if not a request to collocate, proof that no existing towers or structures are located within the geographic area which will technically accommodate antenna needs. Show separation distance from towers within a one-mile radius <input type="checkbox"/> Estimated time frame for installation <input type="checkbox"/> Tower or Antenna Color <input type="checkbox"/> Separation distance from protected land uses <input type="checkbox"/> FAA approval of tower lighting and marking, or statement that the tower is not required to have special markings or lighting. If no lighting/marketing is required by the FAA a statement of intentions for any lighting/marketing. <input type="checkbox"/> Depiction and location of required identification placard to include: <ul style="list-style-type: none"> • The name and address of the tower owner; • The name and address of the tower manager, if different from the owner; • The date of tower erection; and • The owner's name and address for each antenna on the tower. See AMC 21.05.040K.7.n. |
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I hereby certify that I am or have been authorized to act for the operator of the above-described tower/antenna, and that all information provided hereon and attached is true to the best of my knowledge. I understand that payment of the administrative permit fee is not refundable, and that payment of this fee does not assure approval.

 Signature of Tower/Antenna Operator or Authorized Agent

 Date Signed

For assistance with this application, please call (907) 343-8380
 TITLE 21 (LAND USE) OF ANCHORAGE MUNICIPAL CODE AVAILABLE ONLINE AT WWW.MUNI.ORG/PLANNING