



ADMINISTRATIVE PERMIT APPLICATION COMMUNITY AND LOCAL INTEREST TOWERS/ANTENNAS

SITE INFORMATION

Street address: _____

Subdivision: _____ Lot: _____ Block: _____ Tract: _____

MOA Property Tax ID: _____ Grid: _____

TOWER/ANTENNA INFORMATION

Tower classification: ☐ local interest ☐ community interest

Tower Type: ☐ I ☐ II ☐ III ☐ IV ☐ Antenna Only

MSL elevation of tower base (NGS datum): _____ Top of highest antenna (NGS datum): _____

Overall tower height: _____

Number of antennas requested on this application: _____

Number of existing antennas on this tower operated by others: _____

If existing tower, date of original tower construction: _____

CONTACT PERSON INFORMATION

Name: _____

Email: _____ Phone: _____

Mailing address: _____

TOWER/ANTENNA OPERATOR INFORMATION

Name: _____

Street address: _____

Mailing address: _____

Phone: _____ Fax: _____ E-mail: _____

PROPERTY OWNER INFORMATION

Name: _____

Street address: _____

Mailing address: _____

Phone: _____ E-mail: _____

ENGINEER INFORMATION

Name: _____

Mailing address: _____

Phone: _____ E-mail: _____

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

REQUIRED ATTACHMENTS

1. Letter of authorization from property owner.
2. Site Plan drawn to scale. Site plan must indicate tower location on property, elevations, roads, easements, and rights of way over property. Note finished floor elevations, include north point. Site plan to be stamped by a registered surveyor, architect, engineer as per State law requirements. On site plan show title block containing name of site plan, revisions made, location of the property, scale, sheet number, and street address of property, if applicable.
3. Existing and proposed topography, spot elevations, and datum used.
4. Depiction and location of required identification placard. Placard must include 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; the owner's name and address of each antenna on the tower. See AMC 21.05.040K.7.n.
5. Proof that collocation will be allowed, if applicable.
6. Estimated time frame for installation.
7. Tower color.

8. Separation distance from protected land uses, if applicable.
9. Guy wire setbacks, if applicable.
10. If not a request to collocate on another tower or placement of antenna on an existing structure, provide proof that no existing tower structures or structures are located within the geographic area which will technically accommodate antenna needs. Show separation distance from towers within a one-mile radius.
11. Affidavit from electrical engineer or FCC attesting that the antenna(s) meet ANSI standards for nonionizing electromagnetic radiation.
12. FAA approval of tower lighting and marking, or statement that the tower is not required to have special markings or lighting. If no lighting/markings are required by the FAA, a statement of intentions for any lighting/markings.
13. Proof of noticing for interference. A copy of the letter to be sent to property owner's of (a) the parcels within 500 feet of the outer boundary of the land subject to the application, or (b) 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.
14. Certification of notice of the date of activation to community council(s) as required. (Only applicable in the B-1A, B-1B, watershed, PLI, and residential zoning districts.)

Submit application to:

**Municipality of Anchorage
Planning Department
Land Use Review**

In person at:

4700 Elmore Road, Anchorage, AK 99507

Or by mail:

P.O. Box 196650

Anchorage, AK 99519-6650

FOR MUNICIPAL USE ONLY:

Date: _____

Key 28

Amount Paid: \$ _____

Check #: _____

TR #: _____

By: _____