



NOTICE OF PROPOSED TOWER COLLOCATION

ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

Fee: \$800.00

Date Application Received: _____ By: _____ Receipt #: _____

We are unable to accept facsimile copies. This application must be completed in detail in **INK** and submitted to the office of the Land Use & Building Department for Elmore County, Idaho.

1. Name of property owner: _____
2. Mailing address of property owner: _____
3. Site address: _____
4. Telephone numbers: _____
5. Name, address, and telephone number of applicant if different from property owner: _____

6. Name, address, and telephone number of tower owner if different from property owner/applicant: _____

7. Legal description of proposed property and site (attach plot plan with an "X" marking the site).
Include total acreage: _____

Attach at least one of the following: Deed Proof of Option Earnest Money Agreement Lease Agreement Assessors Parcel Master Inquiry

RP# _____

8. What will be added to the existing tower/site? _____

9. Will the tower height be increased? ↑yes ↑no If yes, to what height? _____
10. Will additional building(s) be added? ↑yes ↑no If yes, construction plans for additional buildings and building permits will be required. Additional buildings may require amending the Tower owner's Conditional Use Permit.
11. If additional building(s) will be added, please list the square footage and use of those building(s): _____

12. Will the building(s) have any plumbing? ↑yes ↑no Electric? ↑yes ↑no
13. Setbacks: Street Front _____ Street Side _____ Side _____ Rear _____
14. Signed collocation agreement with tower owner attached?
 ↑yes ↑no
15. Signed lease agreement with land owner attached?
 yes no
16. Enclosed one (1) set of prints for proposed antenna/improvements.

Agency Comments & Signatures

Notes for agency signatures.

1. It is recommended that applicants set up appointments with the following agencies once the application is complete with all required information.
2. Agency signature does not guarantee any future approvals.
3. Agencies may attach additional sheets of paper for comment and/or conditions if necessary.
4. Agencies may have additional comments and/or conditions at a later time.

Central District Health (or other Sewer District) Sewer Permit (580-6003) Date

Comment: _____

Roadway Jurisdiction (MHHD 587-3211) (GFHD 366-7744) (AHD 864-2115) Date

Comment: _____

Fire District (MHRFD 587-2117) (Oasis 796-2115) (GFFD 366-2689) (BGRFD 834-2511) (ARFD 864-2182) Date

Comment: _____

Assessor's Office (Verify Legal Description OR Tax Status If Manufactured Home) (ext 247) Date

Comment: _____