



NOTICE OF PROPOSED TOWER COLLOCATION

ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

Fee: \$250.00

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.

The owner affirms the notice is completed in its entirety to include all required information and the information contained herein is true and correct.

The owner understands structures or additions to existing structures must meet setback requirements. The owner understands additional information may be necessary for a site in a floodplain or airport hazard zone. The owner understands there can be no gouging of hillsides. The owner must contact the appropriate highway district, forest service agency, or state transportation department regarding access from the road/highway to the property. The owner understands applications for state inspections (electrical, plumbing, etc.) may be required and shall obtain and submit to the state said inspection applications.

Should there be a disagreement with the Administrator’s decision on the notice, a written Appeal of Administrative Decision specifying the grounds upon which the appeal is being made must be filed with the Administrator and the Planning and Zoning Commission within ten (10) days of the Administrator’s decision. The appeal will be placed on the next available Planning and Zoning Commission agenda. A public hearing on the appeal will be required. Owner/Applicant will be responsible for any fees and charges associated with the public hearing.

_____ Signature of property owner	_____ Signature of applicant
Date_____	Date_____

----- (AREA BELOW TO BE COMPLETED BY OFFICE) -----

- 1. Current Zoning and District:_____
- 2. Required setbacks: Street Front_____ Street Side_____ Side_____ Rear_____
- 3. a. In Floodplain yes no (if yes, applicant provided elevation certificate form/information) (applicant’s initials_____)
- b. In Airport Hazard Zone yes no (if yes, FAA forms provided to applicant) (applicant’s initials_____)

_____ Building Official Signature	_____ Date
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_____ Planner	_____ Date
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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: _____