

Cell Tower Application - \$500

Please type or print clearly. Illegible applications will not be accepted. Case #: _____

Contact Info	Property Owner		Tower Owner		
	Name:		Name:		
	Address:		Address:		
	City, State & Zip:		City, State & Zip:		
	Phone: ()		Phone: ()		
	Email:		Email:		
	Applicant				
	Name:		Company:		
	Address:				
	City, State & Zip:				
Phone: ()					
Email:					
<i>The applicant will be the primary contact unless otherwise noted.</i>					
Property Info	Project Location:				
	Applicant Project Number:				
	Parcel No(s):		Zone:		
	What is the use of the property:				
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-family <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____					
Project Scope	Cell Service Provider: _____				
	<i>Scope of work:</i> (Mark all that apply)	<input type="checkbox"/> New Cell Tower: Tower Height: _____			
		<input type="radio"/> Monopole <input type="radio"/> Lattice <input type="radio"/> Guyed <input type="radio"/> Alternative Tower Structure			
		<input type="checkbox"/> New Support Equipment			
		<input type="radio"/> Generator <input type="radio"/> Equipment Cabinet <input type="radio"/> Other: _____			
		<input type="checkbox"/> Increase in Height of Existing Tower			
		Existing Height: _____ Proposed Overall Height: _____			
		<input type="checkbox"/> Additional transmission equipment			
		<input type="radio"/> Existing Tower <input type="radio"/> Existing Non-Tower Structure			
		Number of new antennas: _____			
Type of Non-Tower Structure: _____					
<input type="checkbox"/> Removal of transmission equipment					
Number of removed antennas: _____					
<input type="checkbox"/> Replace Existing Transmission Equipment.					
<input type="checkbox"/> Other: _____					

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Separation Dist.	Provide setback distance from the nearest residential properties on the table below:				
	Residential Type:	Residential Unit	Platted Residentially Zoned Property	Unplatted Residentially Zoned Property	
	Distance to Proposed Tower:	_____ ft	_____ ft	_____ ft	
Separation Dist.	Provide separation distance from nearest existing towers on the table below:				
	Structure Type:	Lattice	Guyed	Monopole 75' in height or greater	Monopole less than 75' in height
	Distance to Proposed Tower:	_____ ft	_____ ft	_____ ft	_____ ft
Attachment Checklist					
The following list of attachments are required to accompany all applications:					
Attachments	New Towers:		Existing Towers:		
	<input type="checkbox"/> A. Detailed explanation of the request indicating compliance with requirements. <input type="checkbox"/> B. Scaled site plan <input type="checkbox"/> C. Pueblo County Assessor's Property Information print out (www.co.pueblo.co.us) <input type="checkbox"/> D. Inventory of existing towers, antennas or sites <input type="checkbox"/> E. Copy of FCC and Colorado Public Utilities Commission authorization.		<input type="checkbox"/> A. Detailed explanation of the request <input type="checkbox"/> B. Scaled construction plans <input type="checkbox"/> C. Pueblo County Assessor's Property Information print out		
By signing below, the Property Owner and Applicant are representing that each understands and agrees to the following terms:					
Terms	1. Authorized personnel from the City of Pueblo, are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application, including Certificate of Occupancy Inspections. 2. There are no known hazards or vicious animals present on the subject property. 3. All information contained in this application, is true and accurate to the best of my knowledge. 4. The City of Pueblo is under no obligation to approve the request contained in this application. No promises of approval are conveyed with the acceptance of this application. 5. It is highly recommended that a licensed surveyor complete a property survey before any construction takes place. The property owner is responsible for any construction that takes place within the boundaries of their property. The city may require any construction built outside of the property legal boundaries or within any setbacks (by intent or error), to be removed at the owners' expense.				
	Property Owner				
Signatures	Print Name:				
	Signature:		Date:		
	Applicant, if different from Property Owner				
	Print Name:				
Signature:		Date:			

Office Use Only	Zoning Compliance (Completed by City Staff)		Receipt:
	Application received by:		Date:
	Case Manager:		Fee Paid:
	Review Type:		
<input type="checkbox"/> Permitted <input type="checkbox"/> Administrative <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved w/conditions			