CO-LOCATION FOR TELECOMMUNICATIONS SUPPORT STRUCTURES
Administrative Review for Telecommunication Equipment Checklist & Application

Applicant Name ___________________________________
Applicant Phone Number ________________________________
Property Address _______________________________________
Map & Parcel Number ___________________________________
Current Zoning _________________________________________

INFORMATION FOR SUBMITTAL

The following documentation will need to be submitted with a co-locate request:
___ 2 sets - Construction drawings (with site plan)  ___ 2 sets - Structural Analysis (Rev G) - Passing
___ 1 copy - Colocation Checklist/Application  ___ 1 completed Building Application

Section 510-630 C. (Support Structure Co-Location Information Submittals)
___ Name of person or entity co-locating the antenna
___ Name of the owner of the support structure and a copy of any lease agreements with said owner
___ Support structure’s permit number
___ Location of support structure
___ Remaining structural capacity of the support structure

REVIEW CRITERIA

Section 510-630 D.5. (Aesthetics)

___ Structures and/or antenna shall either: (1) maintain a galvanized-steel or concrete finish or (2) be painted a neutral color so as to reduce visual obtrusiveness
___ Design of all buildings and related structures shall use materials, colors, textures, screening, and landscaping that will blend the support structure facilities to the natural setting and building environment
___ Equipment and cabinets must be concealed from public view and made compatible with the architecture of the surrounding structures or placed underground
___ Equipment shelters or cabinets shall be screened from public view by using landscaping or materials and colors consistent with the surrounding backdrop
___ Antenna and supporting electrical and mechanical ground equipment shall be of a neutral color so as to make the antenna and related equipment visually unobtrusive (if installed on an alternative structure)
___ Artificial lighting for support structures:
   ☐ Unless required by FAA, support structures shall not be artificially lighted
   ☐ If required by FAA, any required lighting shall be designed to cause the least possible visual impact and meet current County lighting ordinances
___ No signage of a commercial nature (i.e., advertising) on support structure
___ Access to support structure has minimum visibility:
   ☐ Existing roads used if possible
   ☐ If no existing roads, access must follow contour of land
___ Additional requirements for minimizing visual impact of the site on the surrounding area (per Zoning Administrator):
   ☐ ____________________________________________________________
   ☐ ____________________________________________________________

Last revised 02-18-2016
Section 510-630 F. (Uses Allowed by Administrative Approval; Co-Location)

F. Towers and Antennas Which Require Administrative Approval.
   1. The following are permitted in all districts upon receipt of written approval by the Zoning Administrator after an administrative review:
      a. Installation of an antenna on an existing non-residential structure other than a tower (such as a building, sign, light pole, water tower, or other freestanding nonresidential structure), if such addition does not add more than twenty (20) feet in height; and
      b. Installation of an antenna adding no more than twenty (20) feet in height on any pre-existing tower of any height or on any existing tower of any height that requires additional buildings or other supporting equipment used in connection with said antenna; and
      c. Location of a tower and tower compound in non-residential districts (A, OI, CN, CH, CG, M1 & M2) provided the tower height is one hundred (100) feet or less.
      d. Facility modifications under Section 6409 (a) of the Tax Act.

Section 510-630 G.6. (Considerations in Approval or Denial of Conditional Use Permits)

2. Administrative Approval Process. Each applicant shall provide the information in C 1 above. The zoning administrator shall respond to the application within sixty 60 days of receipt for a request per 6409a of the Tax Act and 90 days for all other requests, by approval or denial.

Other Applicable Information/Explain
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Fees

Section 510-630 J. (Application and Permit Fees)

___ Co-location to support structure review fee $500.00
___ Building Permit fee based on cost of construction. Construction cost $______________

*Return completed building permit with Review Application
Application is hereby made according to the laws and ordinances of Newton County, Georgia, for a permit to erect, alter, and use a structure as described herein or shown on accompanying plans and specifications to be located as shown on accompanying plot plan, and if same is granted agree to conform to all laws and ordinances regulating same.

PROJECT DETAILS/DESCRIPTION OF ACTIVITY: ______________________________________________________

PROJECT ADDRESS: ___________________________ MAP & PARCEL ____________

FCC # ________________ SITE # _________________________

TOWER INFORMATION: REPLACING EXISTING ANTENNAS or NEW ANTENNAS

NUMBER OF ANTENNAS: _____ ADDING HEIGHT: YES or NO PROPOSED HEIGHT OF ANTENNA(S): ______

CABINET INFO: NEW or EXISTING

TYPE OF CONSTRUCTION: ______________ TYPE OF FOUNDATION: ______________ TOTAL SQ FOOTAGE: __________

POWER PROVIDER: ______________________________ ESTIMATED COST OF TOTAL PROJECT: $ _______________

Property Owner Information:

Name: ______________________________________ Telephone: ____________________________

Address: ______________________________________________________________________________

Applicant Information (if different than property owner)

Name: ______________________________________ Telephone: ____________________________

Address: ______________________________________ Email: ________________________________

Contractor Information (State Contractors License must be provided)

Contractor: ______________________________

Address: ______________________________________ City/State/Zip ____________________________

Telephone: __________________________ Email: ________________________________

Electrical Contractor Information (State License must be provided)

Contractor Name: __________________________ Company Name: __________________________

State License #: __________________________ Business License #: __________________________

Address: ______________________________ City/State/Zip: ________________________________

Telephone: __________________________ Email: ________________________________
Please read the following carefully and initial:

__________  The issuance of this permit authorizes improvements of the real property designated herein, which improvements may subject such property to mechanics’ and materialmen’s liens pursuant to Part 3 of Article 8 of Chapter 14 of Title 44 of The Official Code of Georgia Annotated, in order to protect any interest in such property and to avoid encumbrances thereon, the owner or any person with an interest in such property should consider contacting an attorney or purchasing a consumers’ guide to the lien laws which may be available at building supply home centers. (O.C.G.A. 8-2-26)

__________  This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or construction or work is suspended or abandoned for a period of six (6) months at any time after work is started.

__________  I, the undersigned, understand that for any projects on which a previous owner conducted the work, I am responsible for ensuring all work meets the applicable building and fire codes, even work that was done without a permit, prior to my acquiring the property and/or prior to my becoming the contractor of record. This applies to properties acquired through foreclosure, resale, inheritance, etc. Please see Sections 1.3.7 and 3.12 of the Newton County Permits Administrative Ordinance.

__________  In accordance with O.C.G.A. 48-5-264.1, please be advised that staff of the Newton County Tax Assessor’s Office will be visiting your property to obtain information on the improvements authorized by this building permit. If you have any questions regarding a visit, please contact the Assessor’s Office at (770) 784-2030.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

__________________________  ____________________________
(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)  DATE