



APPLICATION FOR WIRELESS COMMUNICATION FACILITY CERTIFICATE OF APPROPRIATENESS

400 Main Street, Suite 403
Knoxville, TN 37902
KnoxPlanning.org
865.215.2500

Name of Applicant:

Date Filed: Fee Paid: File Number:

FOR STAFF USE ONLY:

Complete Application Date: Lead Staff:

PROPERTY INFORMATION	
Address:	<input type="text"/>
General Location:	<input type="text"/>
Map/Parcel No.:	<input type="text"/> Size of Tract: <input type="text"/>
Jurisdiction:	<input type="text"/>
Zoning District:	<input type="text"/>
Existing Land Use:	<input type="text"/>

REQUEST	
Type of Approval Requested: <input type="text"/> <input type="checkbox"/> Locating on a Structure or Building Req'd Pre-Application Meeting: <input type="text"/> <input type="checkbox"/> Small Cell MPC Meeting: <input type="text"/> <input type="checkbox"/> New Tower	
General Requirements <input type="checkbox"/> Letter of Commitment <input type="checkbox"/> Site Plan <input type="checkbox"/> Statement of Purpose <input type="checkbox"/> Landscape Agreement	Additional Requirements for New Towers <input type="checkbox"/> Collocation and alternative site analysis <input type="checkbox"/> Alternative Site Analysis <input type="checkbox"/> Visual Analysis <input type="checkbox"/> Design Justification
Additional Req'ts for Locating on Structure/Building <input type="checkbox"/> Collocation Consent	Additional Requirements for Small Cell <input type="checkbox"/> Design Summary

PROPERTY OWNER	APPLICATION CORRESPONDENCE
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City/St/Zip: <input type="text"/>	City/St/Zip: <input type="text"/>
Telephone: <input type="text"/> Fax: <input type="text"/>	Telephone: <input type="text"/> Fax: <input type="text"/>

APPLICATION AUTHORIZATION	
<i>I hereby certify that I am the authorized applicant, representing the property owner involved in this request or the option holder on same.</i>	
Name: <input type="text"/>	Signature: _____
Address: <input type="text"/>	
City/St/Zip: <input type="text"/>	Telephone: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/>

Application Accepted By: <input type="text"/>
