

WIRELESS COMMUNICATION FACILITY/TOWER USE PERMIT APPLICATION GUIDE

REQUIREMENTS:

1. It is the responsibility of the owner to comply with all federal and state regulations pertaining to the Wireless Communication Facility (WCF), including but not limited to FAA height and lighting requirements and provisions of the National Environmental Protection Act (NEPA). See **page 39, Section 10.13.0** of the *City of Brookland Zoning Code* for further information.
2. All applications for a Tower Use Permit (TUP) shall include the following:
 - Scaled site plan, elevation view, and other supporting drawings showing all improvements to the site, adjacent uses, and zoning
 - Documentation of the location and dimensions of the proposed WCF
 - Name of applicant
 - Name of landowner and signed approval of the landowner
 - Permit fee, according to the fee schedule set by the city council

PROCESS:

1. Two tracks exist for review of TUP applications:
 - Track 1: Proposed TUP applications within the A-1, C-2, I-1 zones may be processed and approved through administrative review by the Administrative Official
 - Track 2: Proposed TUP applications within the R-1, R-2, R-3, R-MH, C-1, C-3 zones shall require approval by the planning commission and be subject to a public hearing. These applications will be subject to the same review process as rezonings/zoning amendments.
2. The city of Brookland shall complete final action upon any TUP application within 90 days of the filing of the completed application, unless an extension is requested by the applicant. Any decision to deny a request will be made in writing and will be supported by substantial evidence. Any decision concerning the approval or denial of an application made by the Administrative Official may be appealed to the Board of Adjustment in writing within 30 days of the decision.

City of Brookland
613 Holman St.
Brookland, AR 72417
PHONE: 870-935-0538

WIRELESS COMMUNICATION FACILITY/TOWER USE PERMIT APPLICATION

Property Owner
Name/Signature: _____

Spouse
Name/Signature: _____

Property Address: _____

Legal Description: _____

Zoning: _____

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name	Address	City	State	Phone No.
------	---------	------	-------	-----------

Property Owner Mailing Address

City

State

Zip

Phone: _____