CHECKLIST FOR CUSTOMER
Replacement Antenna on an Existing Tower

(LDO Section 6.3.6(A)(1)

The following material must be submitted with a request to replace antenna on an existing tower. **Check off each item as you include it in your Research Request.**

1. **Previous** Zoning Case identified.

   Met__

2. **A to-scale plot plan** (ie: 1"=100' or 1"=50') on 8/12 x 11 paper is included in this application.
   - The plot plan includes all relevant information outlined on the plot plan instruction form. Met__
   - The plot plan shows applicable setbacks are met. Front_____ft. Rear_____ft. Side_____ft. Met__
   - The plot plan shows any proposed accessory structure located within the approved area.

   Met__

3. **A side elevation** of the entire tower.
   - The side elevation identifies the total height of the existing tower. Met_
   - The side elevation identifies the height of existing equipment on the existing tower. Met__
   - The side elevation identifies the proposed height of <u>replacement</u> equipment on the existing tower. Met__

4. **Complete Information:** Submit; the Research Request Form, the Replacement Antenna Research Request Application and the Replacement Antenna Supplemental Information form.

   Met__

5. **Signatures:** The Research Request Form and the Supplemental Information Form is signed by the Applicant.

6. **Checklist:** This checklist is included with the Research Request. Met__

Development Services
10 S. Oakdale Ave., Room 100 • Medford, OR 97501-2902 • Phone: 541-774-6900 • Fax: 541-774-6791

JACKSON COUNTY
Oregon

Research Request

A research request is an extended counter consultation and a $_____ **non-refundable** deposit is required. This request includes 40 minutes of research*, a 20 minute phone call to discuss general questions with a planner, and a printed summary of the discussion.

OFFICE USE ONLY: File #:_____ Date Received: _____

Fee Paid: _____ Receipt #:_____

Staff Assigned:_____ Counter Planner:_____

ZONING INFORMATION SHEET IS ATTACHED: No ☐ **Yes** ☐

PROPERTY OWNER:

Name: _____

Mailing Address: _____

City / State /Zip:_____

Daytime Phone:_____

Email:_____

_____
Site Address

_____
Site Address

APPLICANT /AGENT: *(If different from property owner)*

Name: _____

Mailing Address: _____

City / State /Zip:_____

Daytime Phone:_____

Email:_____

_____ _____ _____ _____ _____
Township Range Section ¼ Section Taxlot

_____ _____ _____ _____ _____
Township Range Section ¼ Section Taxlot

A PLOT PLAN IS PREFERRED, PLEASE ATTACH.

Describe your proposal in detail:

_____

_____

_____

_____

_____

Applicant Signature: _____ Date:_____

Agent Signature: _____ Date:_____

This form is only for a research request. It is neither a permit nor an application for a permit.

**** If additional research is required or requested you will be billed for costs in excess of the deposit amount on a fee-for-service basis.***

COST-PLUS BILLING ACCEPTANCE

☐ Application Type _____ ☐ Appointment Date _____

Property Location T____ R _____ S_____ TAX LOT(S) _____

Applicant/Agent/Property Owner must read the following and sign before an application or appointment will be accepted:

Your deposit is not a final payment. Costs associated with a Planning appointment or with the Planning application type listed above are charged on a fee-for-service basis. This type of application requires mapping, historical analysis and other types of intensive research. An appointment may also require similar research. Time required to complete this type of review cannot be precisely anticipated until research begins. Therefore, the actual cost of this application or appointment may be more or less than the average-cost dollar deposit required to initiate the review. Neither failure by the County to notify an applicant of costs in excess of the deposit amount, nor refusal by an applicant to allow completion of the application, excuses payment due toward any Department costs associated with processing your application or appointment.

Dear Planning Department:

I have read the above notice of possible occurrence of costs in excess of my deposit. I accept and acknowledge that my deposit in the amount of $_____ may not cover the full cost of this application or appointment. I agree to pay the full amount billed by the County for services rendered in this application or appointment per the terms of the billing statement.

Dated this _____day of _____, _____

_____

Applicant/Agent

_____

Name, Address, City & Zip of Billing Address

JACKSON COUNTY, OREGON REPLACEMENT ANTENNA RESEARCH REQUEST

TYPE 1 APPLICATION

(Please print in black ink, or type all information except where a signature is required)

OFFICIAL USE ONLY

File No. _____

Fee Paid _____

Receipt No. _____

App. Type _____

App. Received by _____

Date Received _____

Zoning Confirmation by Staff: _____

Legal description of subject property:

Township____ Range_____ Section_____ Tax Lot_____ Acreage_____

Township____ Range_____ Section_____ Tax Lot_____ Acreage_____

Street Address of the Property: _____

What is the Zoning of the Subject Property? _____

Is the purpose of this application to complete a Measure 49 Approval? ☐ YES ☐ NO

PROPERTY OWNER:

At Time Application is Submitted

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

E-Mail Address: _____

APPLICANT:

If Other than Property Owner

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

E-Mail Address: _____

AGENT:

If Other than Applicant

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

E-Mail Address: _____

OTHER:

Specify: _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

E-Mail Address: _____

APPLICANT SUPPORTING INFORMATION

Describe your proposal: _____

_____

_____

Are Plans Attached? _____ Yes _____ No

THIS APPLICATION IS HEREBY SUBMITTED AND THE STATEMENTS AND INFORMATION HEREIN CONTAINED ARE IN ALL RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT(S):

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

AGENT:

Print Name: _____

Signature: _____

Date: _____

OWNER or CONTRACT PURCHASER:

(See Attached Form)

Note: Additional information may be submitted on 8. x 11 inch white paper.

Replacement Antenna on an Existing Tower

(LDO Section 6.3.6(A)(1))

APPLICANT'S SUPPORTING INFORMATION

On the following page, describe how your research request complies with Section 6.3.6(A)(1).

Modifications to towers existing prior to adoption of the 2004 Jackson County Land Development Ordinance will conform to any original approval requirements, FAA and FCC requirements and the following regulations. Replacement antenna and related devices on an existing tower facility is a Type 1 use permitted by right.

1) This process is for 1 for 1 replacement of antenna. If the proposal is for additional antenna then a Type I Co-Location application is required. Is the proposal a 1 for 1 replacement?
____YES _____NO

2) Previous Zoning case # approving original cell tower_____

3) Original conditions are met? ____YES _____ NO

4) The proposal can conform to the original conditions:

a) The new leased area is within the original approved location? ____YES _____NO
b) The originally approved height of the tower will not change? ____YES _____NO

5) A scaled plot plan will be submitted that shows:

a) All existing property lines;
b) The location of the original cell tower;
c) The proposed size and location of accessory equipment;
d) The location of existing above ground structures;
e) Septic systems and wells and their distances from existing property lines and easements; and
f) Access.

Plot Plan attached. ____YES ____NO

6) A side elevation showing:
a) The height of the tower;
b) The height of existing equipment on the tower;
c) The proposed height of the replacement equipment on the tower.

Side elevation attached. ____YES ____NO

APPLICANT SIGNATURE: _____

AGENT SIGNATURE: _____