



# 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:

General Location:

Map/Parcel No.:  Size of Tract:

Jurisdiction:

Zoning District:

Existing Land Use:

## REQUEST

Type of Approval Requested:

- Locating on a Structure or Building
- Small Cell
- New Tower

Req'd Pre-Application Meeting:

MPC Meeting:

### General Requirements

- Letter of Commitment
- Site Plan
- Statement of Purpose
- Landscape Agreement

### Additional Requirements for New Towers

- Collocation and alternative site analysis
- Alternative Site Analysis
- Visual Analysis
- Design Justification

### Additional Req'ts for Locating on Structure/Building

- Collocation Consent

### Additional Requirements for Small Cell

- Design Summary

## PROPERTY OWNER

Name:

Address:

City/St/Zip:

Telephone:  Fax:

## APPLICATION CORRESPONDENCE

Name:

Address:

City/St/Zip:

Telephone:  Fax:

## APPLICATION AUTHORIZATION

*I hereby certify that I am the authorized applicant, representing the property owner involved in this request or the option holder on same.*

Name:  Signature: \_\_\_\_\_

Address:

City/St/Zip:  Telephone:  Fax:  Email:

Application Accepted By: