



CITY OF HAYSVILLE

PO Box 404
200 W. Grand
Haysville, KS 67060
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**Application for
Wireless
Communication
Facility**

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION

FOR STAFF USE ONLY

Applicant Name _____

Received by _____ Date _____

Type of permit requested Class A _____ Class B _____ Class C _____

TIME FRAME INFORMATION SPECIFIC TO APPLICATION

Does applicant claim timeframes provided by any of the following apply to this application?

_____ Section 332(c)(7) of the Federal Communications Act

_____ Section 6409 of the Middle Class and Tax Relief Act

Applicant must attach relevant documentation to this application supporting the applicability of any of the above provisions in order to verify applicable timeframe for review of this application.

To the Applicant:

By filling out this application form in full, and attaching it to the materials requested, you will assist the City of Haysville in its effort to promptly review your application for setting a wireless communication facility within the city. The information requested by this application is that required by the City’s Zoning Ordinance. You should submit any additional information or materials you believe will assist the Planning staff in its review of your proposal. This application is required for the construction of a new wireless facility; the substantial modification of a wireless support structure or wireless facility; or collocation of a wireless facility or replacement of a wireless facility.

Under the ordinance, certain conditions allow the City’s Zoning official to issue an administrative permit for an attached wireless communication facility. Other conditions require the approval of the Planning Commission and/or City Council. A Class A permit is associated with development of a new tower. A Class B permit is associated with modification of an existing telecommunications tower facility. A Class C permit is associated with collocating transmission equipment on an existing tower. **Though you may have an idea of which process will be appropriate to your situation, you will be contacted as soon as possible when the Planning staff makes a determination as to whether a Class A, B or C permit is required.**

This application must be filled out in full, and must bear the signature of the property owner (or the duly authorized representative of all ownership interests) as well as the signature of the applicant, or applicant’s representative. Additionally, the appropriate application fee must accompany this application. Incomplete applications or those submitted without the proper fee will not be processed or scheduled for a public hearing.

WIRELESS COMMUNICATION FACILITY APPLICATION

PROPERTY OWNER'S INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (office) _____ (fax) _____

Email address _____

Owner's Signature _____ Date _____

APPLICANT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (office) _____ (fax) _____

Email address _____

Applicant's Signature _____ Date _____

LOCATION OF PROPOSED FACILITY

Address _____

Legal Description _____

Existing zoning of parcel _____

*If a conditional use is required due to zoning, a separate form will need to be completed.

Existing use of parcel _____

CHARACTERISTICS OF PROPOSED FACILITY

Will the facility and its accessory equipment be:

Connected to an existing building or structure? _____

Collocated on an existing Wireless Communication Facility which has been approved by the City of Haysville? _____

A new tower or other structure designed to physically accommodate other co-located users? _____

If you answer "yes" to any of the above questions please provide details in Attachment "D" to this application.

WIRELESS COMMUNICATION FACILITY APPLICATION

ATTACHMENTS

All attachments listed below must be included. Please letter each attachment as indicated.

- _____ A. Site Plan
- _____ B. Landscape plan that demonstrates effective screening as required by section 501(0) of the Haysville Zoning Code, with all materials and plant sizes specified.
- _____ C. Elevation drawings of the proposed wireless facility showing all towers, base stations, antennas, transmission equipment, accessory equipment, cabinets, fencing, screening, landscaping, lighting, and other improvements related to the facility, including information on specific colors and materials.
- _____ D. Lighting plan that demonstrates the proposed wireless facility complies with federal aviation administration regulations.
- _____ E. Digital before and after photo simulations of the site, demonstrating that visual impact of the proposed wireless facility on the surrounding environment.
- _____ F. A statement from the applicant affirming that required notices were sent in a timely manner.
- _____ G. If any part of the wireless facility site is leased, the applicant must provide a signed copy of the lease, and a signed statement from the property owner indicating the property owner's approval for the proposed wireless facility.
- _____ H. A report from a licensed engineer registered in the State of Kansas which describes the wireless facilities height and design; including a cross section and elevation. The report shall describe the wireless facilities structural capacity and its ability to safely accommodate antennas and other equipment. Reports must be accompanied with the engineers seal and license number.
- _____ I. Payment of the appropriate application fee to the City of Haysville.
Class A) \$500 Class B) \$250 Class C) \$250
- _____ J. Other materials at discretion of applicant. **Applicant must attach relevant documentation to this application supporting the applicability of any provision of federal law or regulation in order to verify applicable timeframe for review of this application.**

SITE CONTACT PERSON

If different from the "Contact Person" listed above for purposes of this application, please provide the following information concerning the person to contact for ongoing engineering, maintenance and other notice purposes during the life of the proposed facility.

Contact person's name _____

Contact person's address _____

City _____ State _____ Zip _____

Phone (home) _____ (office) _____ (fax) _____

(cell) _____ Email _____