



**Fairbanks North Star Borough**  
**Department of Community Planning**  
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 planning@fnsb.us

For Office Use Only	
Received By:	_____
Receipt No.:	_____
Sign #:	_____
Date Submitted:	_____

File No. \_\_\_\_\_

**COMMUNICATIONS FACILITIES Collocation/Modification Permit**  
**Permit Type Requested:**     Section 6409(a) Modification  
    Substantial Modification

FEES:     \$350 Telecommunication Collocation / Modification Permit  
            \$500 Deposit for actual cost of Expert Review Fee (if requested)

Applicant:		Property Owner:
Contact Name:		Name:
Business Name:		Mailing Address:
Mailing Address:		City, State Zip:
City, State Zip:		Phone:
Phone:	Cell:	Cell:
E-mail:		E-mail:

Property Information:	
Property Description:	
Street Address for the Communications Tower:	Existing Use:
Parcel Account Numbers (PAN):	Zoning District:
Communications Tower Height (including all antennas/appurtenances, lightning rods, etc.):	
Existing:	Proposed:

Request Information:
Proposed Collocation/Modification(s):
<u>Permits and other approvals for the structure and/or the antennas demonstrating compliance with all prior zoning requirements:</u>

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER SIGNATURE (if different): \_\_\_\_\_ DATE: \_\_\_\_\_

If the applicant is not the sole property owner, written consent of all property owners must be provided pursuant to FNSBC 18.104.080(B).

## **COMMUNICATIONS TOWER SHOT CLOCK**

<b>TYPE</b>	<b>USE IN RESPECTIVE ZONING DISTRICT</b>	<b>SHOT CLOCK</b>	<b>REVIEW PROCESS</b>
Section 6409(a)	Permitted	60 days	Staff
Substantial Modification	Permitted	90 days	Staff
Substantial Modification	Conditional	90 days	Planning Commission
New Communications Tower	Permitted	150 days	Staff
New Communications Tower	Conditional	150 days	Planning Commission
Standards for Communication Towers (FNSBC 18.96.160) apply in all zones, including General Use.			

## **SUBMITTALS**

The following submittals are required for each type of application. Your application will not be advanced until these items have been submitted and the application has been deemed complete. An incomplete application will be returned and will stop the relevant shot clock.

### **SECTION 6409(a) MODIFICATIONS / COLLOCATIONS:**

**A. Provide a written narrative that addresses all of the following criteria (please number your responses):**

1. Describe the type of communications facility modification/collocation that you are requesting.
  - a. Examples: Adding a cabinet, extending the tower, adding antennas, collocation of new transmission equipment, removal of transmission equipment, replacement of transmission equipment, etc.
2. Explain how your request meets the Section 6409(a). If any of the below criteria apply, then the request is NOT a Section 6409(a) modification/collocation, it is a substantial modification:
  - a. Tower height increases by more than 10% or by the height of one additional antenna array with separation from the nearest existing antenna not to exceed 20 feet, whichever is greater; *In public rights-of-way*, tower height increases by more than 10% or more than 10 feet, whichever is greater;
  - b. Towers adding an appurtenance to the body of the tower that would protrude from the edge of the tower more than 20 feet, or more than the width of the tower structure at the level of the appurtenance, whichever is greater; *In public rights-of-way*, adding an appurtenance to the body of the structure that would protrude from the edge of the structure more than 6 feet.
  - c. Installation on any eligible support structure of more than the standard number of new equipment cabinets for the technology involved, but not to exceed 4 cabinets total on site; Towers *in the public rights-of-way* and base stations, installation of any new equipment cabinets on the ground if there are no pre-existing ground cabinets associated with the structure, or else involves installation of ground cabinets that are more than 10% larger in height or overall volume than any other ground cabinets associated with the structure;
  - d. Any excavation or deployment outside the current boundaries of the leased/owned site;
  - e. Modification defeats any concealment elements of tower/station such as landscaping, fencing, camouflaging, use of building or architectural features, etc.; or
  - f. Existing construction and development of the site do not comply with prior zoning approvals for the structure and/or antennas.

3. Does the proposed modification/collocation meet the yard requirements of FNSBC Section 18.96.160(C)(2)(h)? If not, has a yard waiver been granted? ***Yard requirements are 50% of total height of the tower on each side.***
4. Is the existing facility camouflaged or landscaped? If so, describe how.
5. Is the existing facility in the 100-year floodplain? If so, what is your Floodplain Permit Number?

**B. Provide plans that are labeled and illustrate what is existing and what is proposed.**

1. Attach design drawings and specifications stamped by a registered professional in the state of Alaska certifying compliance with the building code of the authority having jurisdiction to include tower height, guy wires and anchors, and elevation drawings depicting typical design of proposed addition.
2. Attach a *site plan* drawn to scale showing property boundaries of the utility lot and parent parcel, tower location, and all existing and proposed cabinets, shelters and structures (see the commercial/industrial site plan guidelines included with this application).

**C. Submit a copy of a valid FCC License for the proposed activity.**

**D. Submit a copy of the Federal Aviation Administration (FAA) determination for the proposed activity.**

**E. Submit all other permit or permit applications from/to other relevant agencies (i.e. City of Fairbanks, City of North Pole, State of Alaska, etc.).**

**SUBSTANTIAL MODIFICATIONS/COLLOCATIONS** (does not qualify for Section 6409(a)):

**A. Provide a *written narrative* that answers the following criteria (please number your responses):**

1. Describe the type of communications facility modification/collocation you are requesting. If any of the below criteria apply, then the request is a substantial modification.
  - a. Examples: Adding a cabinet, extending the tower, adding antennas, collocation of new transmission equipment, removal of transmission equipment, replacement of transmission equipment, etc.
2. Address all of the following criteria (a-f) for substantial modification:
  - a. Tower height increases by more than 10% or by the height of one additional antenna array with separation from the nearest existing antenna not to exceed 20 feet, whichever is greater; *In public rights-of-way*, tower height increases by more than 10% or more than 10 feet, whichever is greater;
  - b. Towers adding an appurtenance to the body of the tower that would protrude from the edge of the tower more than 20 feet, or more than the width of the tower structure at the level of the appurtenance, whichever is greater; *In public rights-of-way*, adding an appurtenance to the body of the structure that would protrude from the edge of the structure more than 6 feet.
  - c. Installation on any eligible support structure of more than the standard number of new equipment cabinets for the technology involved, but not to exceed 4 cabinets total on site; Towers *in the public rights-of-way* and base stations, installation of any new equipment cabinets on the ground if there are no pre-existing ground cabinets associated with the structure, or else involves installation of ground cabinets that are more than 10% larger in height or overall volume than any other ground cabinets associated with the structure;
  - d. Any excavation or deployment outside the current boundaries of the leased/owned site;
  - e. Modification defeats any concealment elements of tower/station such as landscaping, fencing, camouflaging, use of building or architectural features, etc.; or
  - f. Existing construction and development of the site do not comply with prior zoning approvals for the structure and/or antennas.

**B. Provide the names of the owners of the tower, antennas and all equipment to be located on the site.**

**C. Include specifications for the proposed structures and antennas, including description of the design characteristics and material.**

**D. Provide plans that are labeled and illustrate what is existing and what is proposed.**

1. Attach design drawings and specifications stamped by a registered professional in the state of Alaska certifying compliance with the building code of the authority having jurisdiction.
2. Attach a *site plan* drawn to scale showing property boundaries of the utility lot and parent parcel, tower location, tower height, guy wires and anchors, all existing cabinets, shelters and structures, photographs and elevation drawings depicting typical design of proposed cabinets, shelters and structures, fences, and landscaping (see the example site plan included with this application).

- E. Submit a copy of a valid FCC License for the proposed modification/collocation.
- F. Submit a copy of the Federal Aviation Administration (FAA) determination for the proposed activity.
- G. Complete the *Public Notice Sign Posting Affidavit*, if required for a Conditional Use Permit. The form is included in this application packet.
- H. Submit all other permit or permit applications from/to other relevant agencies (e.g., City of Fairbanks, City of North Pole, State of Alaska, etc.).



**DEPOSIT / REFUND FORM**  
**PUBLIC NOTICE SIGN DEPOSITS &**  
**EXPERT REVIEW DEPOSITS**

FILE/CASE # \_\_\_\_\_

**DEPOSITS**

SIGN DEPOSIT

EXPERT REVIEW DEPOSIT  (see box below)

Sign # \_\_\_\_\_  
(if required)

DATE Prepared: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
Fairbanks North Star Borough

RECEIPT Number: \_\_\_\_\_

PAID By: Cash  Check  # \_\_\_\_\_ Credit Card  Last 4 digits # \_\_\_\_\_

(if paying by check we **MUST** refund to name & address showing on check)

Name & Address on Check \_\_\_\_\_

Name & Contact # on Credit Card \_\_\_\_\_

If cash name and address for refund: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I owe the actual cost for the expert review of my telecom application and that this is only a deposit towards the cost.

\_\_\_\_\_  
(applicant initials)

**REFUNDS**

Sign Returned: \_\_\_\_\_ Date: \_\_\_\_\_

Initiate Refund:  YES  NO

Staff who took sign in: \_\_\_\_\_

Be sure application has been completely acted on and the reconsideration has expired prior to taking in the sign. For Rezones, be sure the Assembly decision is final prior to taking in the sign.

Additional Damage Yes  No

Partial Refund  Yes \$ \_\_\_\_\_

Describe \_\_\_\_\_

Applicant Initial \_\_\_\_\_