

CHECKLIST: MODIFICATION OF AN EXISTING COMMUNICATIONS FACILITY PERMIT

Permit review generally requires 7-10 business days, depending on workload.

The following materials must be submitted and reviewed by Johnson County Planning and Zoning prior to the approval of a permit:

- ☐ A **Current Contractor Listing** or a signed and notarized **Contractor Listing Exemption Affidavit**.
- ☐ A completed, signed and dated, **application form**.
- ☐ One copy of the **recorded deed** for the property (with Recorder's Stamp), unless it is in a subdivision. Available from the Johnson County Recorder's Office (346-4385).
- ☐ Three copies of the **site plan**, drawn to scale, indicating the following:
 - ➡ All property lines & streets
 - ➡ All existing and proposed structures
 - ➡ Labeled setback measurements
 - ➡ All existing and proposed driveways
 - ➡ All drainage, utility, and road easements
 - ➡ North Arrow
 - ➡ Landscape plan showing screening of tower base equipment and associated accessory structures
 - ➡ Lighting plan, if applicable
- ☐ Two copies of **tower elevations**, drawn to scale, stamped by a civil or structural engineer registered in the State of Indiana, including existing and proposed equipment.
- ☐ One copy of applicant's **Federal Communications Commission License** to operate a communications facility.
- ☐ Written **approval from Federal Aviation Administration** of proposed modification or documentation that FAA approval is not required for proposed modification.



JOHNSON COUNTY DEPARTMENT OF PLANNING AND ZONING MODIFICATION OF EXISTING COMMUNICATIONS FACILITY APPLICATION

LOCATION OF WORK:

ADDRESS: _____

TOWNSHIP: _____

SUBDIVISION (if applicable): _____

SECTION: _____ LOT #: _____

CONTRACTOR:

NAME: _____

ADDRESS: _____

TELEPHONE #1: _____

TELEPHONE #2: _____

EMAIL: _____

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

PROPOSED MODIFICATION (check all that apply)

- ☐ ANTENNA
☐ GUY WIRES
☐ SUPPORT EQUIPMENT
☐ ACCESSORY STRUCTURE
TOTAL FLOOR AREA _____
☐ OTHER, SPECIFY _____

BRIEF DESCRIPTION OF PROPOSED WORK:

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE UNDER PENALTY OF PERJURY. I WILL PERFORM THE WORK, AFTER RECEIVING THE COMMUNICATIONS FACILITY PERMIT FROM THE DEPARTMENT OF PLANNING AND ZONING, ACCORDING TO THE CURRENTLY ADOPTED CODES, ORDINANCES, AND CONDITIONS, AND OBTAIN THE NECESSARY INSPECTIONS.

Your Name: _____

*Signature of Applicant**Name Printed/Typed**Date***DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)**

RECEIVED (Date/Time) _____

SECTION: _____
TOWNSHIP: _____
RANGE: _____
PLAT MAP #: _____
ZONING: _____

FEDERAL COMMUNICATIONS COMMISSION APPROVAL:☐ YES ☐ NO**FEDERAL AVIATION ADMINISTRATION APPROVAL:**☐ YES ☐ NO**ENGINEER CERTIFICATION:**☐ YES ☐ NO**LANDSCAPING APPROVED:**☐ YES ☐ NO ☐ NA**LIGHTING APPROVED:**☐ YES ☐ NO ☐ NA

PERMIT #: _____

DATE RELEASED: _____

RELEASED FOR CONSTRUCTION:_____
SITE PLAN per __________
BUILDING per _____**APPLICATION DENIED:** _____CONTRACTOR LISTING #: _____
CURRENT?

PERMIT FEE: _____

RECEIPT #: _____

CASH: _____ CHECK _____