



Cellular and Wireless Communication Application

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880

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Email: pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:

<input type="checkbox"/> Unincorporated Campbell County	<input type="checkbox"/> Dayton	<input type="checkbox"/> Southgate
<input type="checkbox"/> Alexandria	<input type="checkbox"/> Highland heights	<input type="checkbox"/> Wilder
<input type="checkbox"/> Bellevue	<input type="checkbox"/> Melbourne	<input type="checkbox"/> Woodlawn
<input type="checkbox"/> California	<input type="checkbox"/> Mentor	
<input type="checkbox"/> Cold Spring	<input type="checkbox"/> Silver Grove	
<input type="checkbox"/> Crestview		

2. Project Address: _____
 City: _____ State: _____ Zip: _____

 Project Description: _____

3. PIDN: 999-99-____ - ____ . ____

4. Applicant: Property Owner Developer (Carrier) Contractor

 Carrier: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

 Contractor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Occupational Tax License number: _____
County City

 Property Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

5. Type of Installation:

<input type="checkbox"/> New Distributed Antenna System	<input type="checkbox"/> Co-Location on Existing Tower
<input type="checkbox"/> 1-3 Locations	<input type="checkbox"/> Remodel/Update Existing Tower
<input type="checkbox"/> 4-6 Locations	<input type="checkbox"/> New Tower Construction
<input type="checkbox"/> 7-10 Locations	

6. Estimated cost of construction: \$ _____

7. ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES (Notary Required):

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Planning Commission, Board of Adjustment and/or their authorized agent.

As applicant, I assure by this affidavit, which all contractors and subcontractors employed or that will be employed, on activity covered by the permit shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.

Applicant's Affidavit Signature Date

Note: This Affidavit of Assurances shall be submitted for any project requiring a building permit. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-8601.

<p>----- NOTARY -----</p> <p>The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____</p> <p>Notary Public State: _____ Notary ID: _____ My Commission Expires: _____, 20____</p> <p style="text-align: center; font-size: small;">(a notary is available at the PZ office)</p>
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Attachments: *Digital submissions accepted at pzadmin@campbellcountyky.gov*

For **ALL** projects: (An electronic copy may be submitted in lieu of one original)

- Two copies of site plan and construction drawings (Three if in City of Alexandria)
- List of all Subcontractors (Names and Addresses)

For **NEW** Tower Locations Only:

- One copy of the geotechnical report for proposed site
- List of other structures within 500 feet of proposed tower
- Statement and list of notifications required per KRS807 KAR5:001, Section 8, including:
 - Neighboring Property Owners County Judge/Executive or City Mayor
 - On-site Notification Local Newspaper
- Statement regarding suitability of the proposed tower location reflecting reasonable available service and co-location.

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

PZ

Fees Recd.

\$ _____ Cell Twr. Plan
 \$ _____ Dist. Ant. Sys.
 \$ _____ Bldg. Permit
 \$ _____ Other
 \$ _____ Total

Date Recd. _____

- Credit Card
- Cash
- Check (#) _____