

**CO-LOCATION - PERSONAL WIRELESS SERVICE FACILITIES APPLICATION**

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

Project/Property Address or Location:		Project Name/Business Name (if applicable):	
Parcel ID No.(s):	Current Zoning:	Total Acreage:	
Describe location and siting information:			
Select Type of Entity & Provide: name, state where formed & date formed			
<input type="checkbox"/> Corporation:	<input type="checkbox"/> Limited Liability Company:	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Other:
<b>APPLICANT</b> Name (primary contact) -do <u>not</u> use a business name:		Applicant Address:	
Applicant E-mail:		Applicant Phone No.:	
BUSINESS Name (if applicable):			
<b>ATTORNEY/AGENT</b> Name:		Attorney/Agent Address:	
Attorney/Agent E-Mail:		Attorney/Agent Phone No.:	
<b>ADDITIONAL CONTACTS</b> (please list all applicable contacts)			
Name(s):		Contact Information (phone no./email):	
Contractor			
Developer			
Architect			
<b>PROPERTY OWNER</b> Name: (if different from Applicant)		Property Owner Contact Information (phone no./email):	

**APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED** (see page 2)

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [www.gahanna.gov](http://www.gahanna.gov)**

INTERNAL USE

Zoning File No. \_\_\_\_\_  
PC Meeting Date: \_\_\_\_\_  
PC File No. \_\_\_\_\_

RECEIVED: \_\_\_\_\_  
DATE: \_\_\_\_\_

PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
CHECK#: \_\_\_\_\_

**CO-LOCATION - PERSONAL WIRELESS SERVICE FACILITIES APPLICATION – SUBMISSION REQUIREMENTS**

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Review Gahanna Code <a href="#">Section 1181</a> (visit <a href="http://www.municode.com">www.municode.com</a> )				
	2. Verification that this co-location was previously approved				
	3. Pre-application conference with staff				
	4. Survey of property certified by a registered surveyor (11"x17" copy)				
	5. Legal description of property certified by a registered surveyor (11"x17" copy)				
	6. List of 3 emergency 24/7 system representatives (include: contact name, number(s), email address)				
	7. Application fee (in accordance with the <a href="#">Building &amp; Zoning Fee Schedule</a> )				
	8. Application & all supporting documents submitted in digital format				
	9. Application & all supporting documents submitted in hardcopy format				
	10. Authorization Consent Form Complete & Notarized (see page 3)				

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**APPLICATION ACCEPTANCE**

INTERNAL USE

This application has been reviewed and is considered complete and is hereby accepted by the Zoning Division of the City of Gahanna and shall be:

- Forwarded with an application request for a Conditional Use to the City of Gahanna Planning Commission for consideration.
- Considered for review by the Planning & Zoning Administrator.

Planning & Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL BY THE PLANNING & ZONING ADMINISTRATOR**

In accordance with Section 1181 of the Codified Ordinances of the City of Gahanna, Ohio, I hereby certify that this project, as stated above, was approved by the Planning & Zoning Administrator on \_\_\_\_\_. The applicant shall comply with any conditions approved by the Planning & Zoning Administrator and shall comply with all building, zoning and landscaping regulations of the City of Gahanna.

INTERNAL USE

Planning & Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Public Service Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Engineer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application will be forwarded to Planning Commission read by title at the first regular meeting of Planning Commission following approval by the Planning & Zoning Administrator.

## AUTHORIZATION CONSENT FORM

*(must sign in the presence of a notary)*

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

**AUTHORIZATION FOR OWNER’S APPLICANT OR REPRESENTATIVE(S)** *If the applicant is not the property owner, this section must be completed & notarized.*

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize \_\_\_\_\_ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO VISIT THE PROPERTY**

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>NOTARY</b>	Subscribed and sworn to before me on this ____ day of _____, 20____.	
	State of _____ County of _____	
	Notary Public Signature: _____	Stamp or Seal

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**AGREEMENT TO COMPLY AS APPROVED**

I, \_\_\_\_\_, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>NOTARY</b>	Subscribed and sworn to before me on this ____ day of _____, 20____.	
	State of _____ County of _____	
	Notary Public Signature: _____	Stamp or Seal

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