

## TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

Date Received:

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301 Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

## TELECOMMUNICATIONS FACILITIES CONDITIONAL USE APPLICATION

	Application fee: \$
PROPERTY OWNER OF RECORD	APPLICANT / REPRESENTATIVE
Name:	Name:
Address:	
City:	City:
Phone:	
Cell or other #:	Phone:  Cell or other #:
GENERAL INFORMATION	
<ol> <li>Parcel No</li></ol>	• • • •
4. Address of Project (if known):	City:
5. <b>Zone</b> : Rural Residential: Ag Zone (40-acre zone)	ne): Ag Pres (160-acre zone): Commercial:
	owner (if telecommunication facility is located in an easement or easement or ground lease and underlying property owner must
7. <b>Plat of Survey:</b> showing the parcel boundaries, tower	er, facilities, location, access, landscaping and fencing, road names e to all property lines, roads, buildings, wells, scale, North arrow,
8. Plans indicating security measures (e.g. access, fenc	ing, lighting, etc.)
	morandum which shows on its face that it does not preclude the r with other provider(s) and the legal description and amount of
10. <b>Tabular and map inventory</b> of all of the applicant Twin Falls County and including all of the applican County boundary. The inventory shall specify the learning the specific states of the specific states are specifically applicable and the specific states are specifically	ts' existing telecommunications towers that are located within nt's existing towers within fifteen hundred (1,500) feet of the ocation, height, type, and design of each of the applicants existing wer or antenna structure to accommodate additional CO-location

12. Federal Communications Commission (FCC) license numbers and registration numbers if applicable.

tower and its ability accommodate additional antennas.

13. Proof of liability coverage.

- 14. **Proof of notification** indicating that the airport operator and airport property owner(s), within the areas limiting telecommunication facility have been notified.
- 15. **Idaho Agricultural Aviation Assoc. Inc.** proof of notification (PO Box 176, Midvale, Idaho 83645, 208-355-2259)
- 16. Federal Aviation Administration (FAA) proof of notification (Northwest Mountain Dist. Office, 406-449-5271)
- 17. Idaho Transportation Department (ITD) proof of notification (216 S. Date Street, Shoshone, Idaho 83352)
- 18. Written statement regarding:
  - A. **Utilities**: Is service available? and who will provide service? (power, gas, phone, etc.)
  - B. Solid Waste: How will solid wastes be disposed of? (PSI, county dump, etc.)
  - C. Easements: Provide information on road, utility, canal, and other easements.
  - D. Geological Impact: Applies to conditions that may require evaluation by an Engineer.
  - E. **Identity** of the carrier, provider, applicant, landowner and service provider and their legal status.
  - F. Name, address and telephone number of the office, agent and/or employee responsible for the accuracy of the application.
  - G. **Description** of the telecommunications services that the applicant offers or provides, to persons, firms, businesses or institutions.
  - H. **Alternatives analysis** prepared by the applicant or on behalf of the applicant by its designated technical representative, subject to the review and approval of the Planning and Zoning Commission, which identifies all reasonable, technically feasible, alternative locations and/or facilities which could provide the proposed Telecommunication service. The intention of the alternatives analysis is to present alternative strategies, which could minimize the number, size and adverse environmental impacts of facilities necessary to provide the needed services to the County. The analysis shall address the potential for co-location and the potential to locate facilities as close as possible to the intended service area. It shall also explain the rationale for selection of the proposed site in view of the relative merits of any of the feasible alternatives.
- 19. Required comment/approval letters from the following agencies:
  - A. **Irrigation Water:** Provide letter from the applicable Canal Company or District. Provide information on availability of water shares, number of shares, potential impact, etc.
  - B. **Highway District**: Provide a letter from the applicable Highway District advising of the potential impact, what approach will be used to access the property, etc.
  - C. **Weed Control**: Provide a weed control plan to Twin Falls County Bureau of Weed Control and provide comment letter from them.
  - D. Copies of Findings of No Significant Impacts statement from the Federal Communications Commission (FCC) or Environmental Impact Study (EIS), if applicable.

information I have provided is correct.	S	11	, ,	
Signature of Owner			Date	
Signature of Applicant / Representative			Date	

I hereby apply for the above permit and acknowledge that I have read this application and hereby certify that the