

CELL TOWER INSTALLATION APPLICATION

Tracking # _____
 Date _____
 Rec'd by _____
 Receipt # _____
 Fee \$ _____

400 NE Baker Street, McMinnville, OR 97128 • Tel: 503-434-7516 • Fax: 503-434-7544

APPLICANT/CONTRACTOR			LEGAL OWNER (IF DIFFERENT)		
Last name	First	MI	Last name	First	MI
Mailing address (Street or PO Box)			Mailing address (Street or PO Box)		
City	State	Zip	City	State	Zip
Telephone			Telephone		
E-mail address			E-mail address		
PROPERTY INFORMATION					
Tax Lot(s): _____ Zone: _____					

1. TYPE OF APPLICATION : Modification to Existing New Installation
2. Approved Land Use Application Docket # : _____
3. IS THERE A SEPTIC SYSTEM ON THE PROPERTY: Yes No
4. SITE PLAN ATTACHED (showing property lines, all existing buildings, septic system location and location of the proposed solar installation): Yes No
5. SOIL EROSION (More than ¼ acre): Yes No (See Soil Erosion Application/Exemption)
6. Driveway/Water Access Fire Department Inspection Form: Yes No

 Applicant's signature Date

PLANNING APPROVAL:	SANATATION APPROVAL:
Zone:	
Setbacks: Front: Side: Back:	
Date: Signature:	Date: