COUNTY OF BATH, VIRGINIA
65 Courthouse Hill Road
P. O. Box 216
Warm Springs, VA 24484
(Please Make Checks Payable to Bath County Treasurer)

OFFICE PHONE: 540-839-7236
OFFICE FAX: 540-839-7222

COUNTY OF BATH, VIRGINIA
CUP APPLICATION
FOR TELECOMMUNICATIONS FACILITY

DEPARTMENT USE ONLY: **Case # _____** **FEE**
Application Date: _____Applicable Code Sections_____

☐ New tower construction ---------- $ 5,000
☐ Co-location Application ---------- $

Total Fee ---------- $_____

MAGISTERIAL DISTRICT_____ZONE _____TAX MAP_____
Deed Book # _____ page _____

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1. Land Owner's Name:_____
2. Mailing Address:_____
3. Phone Number(work):_____ (Home) _____
4. Applicant's Name:_____
5. Mailing Address:_____
6. Phone Number(work):_____(Home) _____
7. Location of Property: _____
   _____
   _____
8. Description of Proposal:_____
   _____
   _____
9. Is property currently zoned for telecommunications? Yes _____ or No _____
10. Are there any deed restrictions for the proposed property? Yes ____ or No ____

I hereby submit this CUP application for telecommunications facility and acknowledge that the information given heron, together with required supplementary drawings or technical data, are all part of said application and upon issuance permit hereby certify that work will be done as stated or shown as part of said application

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and will be held in compliance with applicable County Ordinances, State Laws, and Regulations. It is further known to not comply with any part or terms is sufficient cause to revoke a permit, and permit is voided if work is not begun within six (6) months. **I AM AWARE THAT NO CASE WILL BE HEARD BY THE BOARD WITHOUT REPRESENTATION. Applications submitted for Conditional Use Permits need to be submitted by the last Friday of preceding month in order to be heard that month by the Planning Commission.**

_____ _____

Signature of Applicant/Date Signature of Land Owner/Date

Check List

___ Site Plan
___ Elevation Plan
___ Photo Simulations
___ Engineering Report
___ Co-location Policy
___ Propagation Maps
___ FAA Determination

Meeting Dates:

Planning Commission _____

Board of Zoning _____

Date Approved/Disapproved _____

_____

Administrator Signature

Application Received: _____ **Advertising Submitted:** _____

Planning Commission Recommendation: _____

_____

_____ **Vote:** _____

Board of Zoning Recommendations: _____

_____

_____ **Vote:** _____

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