

CITY OF BETHEL PLANNING OFFICE

Po Box 1388
Bethel, AK 99559
(907) 543-5306
(907) 543-5301
(907) 543-4168 (facsimile)



**APPLICATION FOR A SPECIAL USE PERMIT
TALL TOWERS**

Please enter the following information:

Owner of Tower Facility

Name of Owner: _____

Contact Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Operator of Tower Facility: *Please check if same as above*

Name of Owner: _____

Contact Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant (Developer): *Please check if same as above*

Name of Owner: _____

Contact Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Property Owner: *Please check if same as above*

Name of Owner: _____

Contact Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

APPLICATION CHECKLIST

This document is provided as a resource for the Applicant to assist with preparing the Application submittal package. Please attach this checklist to the application. Please note that all applicable items are due at the time the application is submitted. **Incomplete applications will not be processed.**

REQUIRED DOCUMENT

Applicant must submit one (1) original, six (6) copies and one (1) electronic copy on either a CD or a Thumb Drive. ALL DOCUMENTS MUST BE CLEARLY LABELED AND IN THE ORDER BELOW.

- | | |
|--------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> | Tower Description |
| <input type="checkbox"/> | Property Ownership & Authorization to Use Property |
| <input type="checkbox"/> | Tower Operations |
| <input type="checkbox"/> | Security Plan |
| <input type="checkbox"/> | Description of Signage |
| <input type="checkbox"/> | Lighting Description (if applicable) |
| <input type="checkbox"/> | Utilities; Setbacks; Parking |
| <input type="checkbox"/> | Notice to Applicants |
| <input type="checkbox"/> | Equipment Shelters (if applicable) |
| <input type="checkbox"/> | Landscaping Plan |
| <input type="checkbox"/> | Engineer Reports |
| <input type="checkbox"/> | Determination of No Hazard to Air Navigation from the FAA |
| <input type="checkbox"/> | Hazardous Materials Plan |
| <input type="checkbox"/> | Decommissioning Plan |
| <input type="checkbox"/> | Planning Commission Review Criteria - Questionnaire |
| <input type="checkbox"/> | Proof of Liability Insurance |
| <input type="checkbox"/> | Visibility |

Pursuant to BMC 16.10, both the Tower Owner and the Applicant (if different), hereby submit this Application for a Special Use Permit.

TOWER OWNER:

Signature
Printed Name: _____

Dated: _____

On this ____ day of _____, 2017 before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared _____, known to me to be the identical person who executed the foregoing instrument and who acknowledged to me that he/she executed the same freely and voluntarily, with full knowledge of its contents, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year above written.

[NOTARY SEAL]

Notary Public in and for the State of Alaska
My Commission Expires: _____

APPLICANT:

Signature
Printed Name: _____

Dated: _____

On this ____ day of _____, 2017 before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared _____, known to me to be the identical person who executed the foregoing instrument and who acknowledged to me that he/she executed the same freely and voluntarily, with full knowledge of its contents, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year above written.

[NOTARY SEAL]

Notary Public in and for the State of Alaska
My Commission Expires: _____

OPERATOR:

 Signature
 Printed Name: _____

Dated: _____

On this ____ day of _____, 2017 before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared _____, known to me to be the identical person who executed the foregoing instrument and who acknowledged to me that he/she executed the same freely and voluntarily, with full knowledge of its contents, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year above written.

[NOTARY SEAL]

 Notary Public in and for the State of Alaska
 My Commission Expires: _____

FOR OFFICIAL USE ONLY

City Departments and Agency Review

- | | |
|-----------------------|-----------------------------|
| 1. _____ Public Works | 2. _____ Engineer |
| 3. _____ City Planner | 4. _____ Streets and Roads |
| 5. _____ Fire Dept. | 6. _____ Army Corp. of Eng. |
| 7. _____ FEMA | 8. _____ Other: |

Carefully read instructions and applicable City code. Fill out forms completely. Attach information as needed. Incomplete applications will create a delay in the review process. Please provide one hard copy and one electronic copy via email.

Application Fee must be attached:	\$750.00	Special Use Permit
Payment Type:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check	