

**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: 540-839-7297**

**COUNTY OF BATH, VIRGINIA
CUP APPLICATION
FOR TELECOMMUNICATIONS FACILITY**

DEPARTMENT USE ONLY:	Case # _____	FEE
Application Date: _____	Applicable Code Sections _____	
<input type="checkbox"/> New tower construction -----		\$ 500
<input type="checkbox"/> Co-location Application -----		\$
Total Fee -----		\$ _____

MAGISTERIAL DISTRICT _____ ZONE _____ TAX MAP _____
Deed Book # _____ page _____

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

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 (to be included with app)

- ___ 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: _____