

**TOWN OF BARRE  
APPLICATION FOR WIRELESS TOWERS AND  
TELECOMMUNICATION FACILITIES**

Site Address & SBL \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant Address \_\_\_\_\_

Project Address \_\_\_\_\_

Site Acreage \_\_\_\_\_ Facility Area (sq.ft./Acres) \_\_\_\_\_ Lot Coverage (%) \_\_\_\_\_

Facility Height (ft) \_\_\_\_\_ Nonrefundable Fee (see fee schedule) \_\_\_\_\_

Is this a new telecommunication facility?  Yes  No

Is this an expansion/replacement of an existing telecommunication facility?  Yes  No, if yes answer the following:

- Is the telecommunication facility located in a public right-of-way?  Yes  No
- Will the height of the tower increase?  Yes  No, if yes:
  - State percentage of height<sup>1</sup> increase as compared to total existing height: \_\_\_\_\_
  - Will height increase by the height of an additional antenna array with separation of less than 20 feet from nearest array?  Yes  No
- Will an appurtenance be added to the body of the tower?  Yes  No, if yes:
  - State distance appurtenance will protrude from body of the tower in feet: \_\_\_\_\_
  - Will appurtenance protrude further than the base of the tower?  Yes  No
- Will any new equipment cabinets be added?  Yes  No, if yes:

Fees paid: \_\_\_\_\_

<sup>1</sup> Changes in height should be measured from the original support structure in cases where deployments are or will be separated horizontally, such as on buildings' rooftops; in other circumstances, changes in height should be measured from the dimensions of the tower or base station, inclusive of originally approved appurtenances and any modifications that were approved prior to the passage of the Spectrum Act.

- How many cabinets currently exist? \_\_\_\_\_
  - Height of existing cabinets (ft): \_\_\_\_\_
  - How many cabinets are being added? \_\_\_\_\_
  - Height of new cabinets (ft): \_\_\_\_\_
- Will there be any excavation or deployment outside of the current site that entails any excavation or deployment of transmission equipment outside of the current site by more than 30 feet in any direction?  Yes  No
  - Do you currently have a Special Use Permit for this facility?  Yes  No, if yes, attach a copy of the special use permit.

Present use of premises:  vacant  occupied as follows: \_\_\_\_\_

Present zoning classification \_\_\_\_\_ Is Rezoning required  yes  no

Has Rezoning Application been filed  yes  no if yes, what classification \_\_\_\_\_

Are Use or Area Variances needed  yes  no if yes, list \_\_\_\_\_

Height from ground/roof to the highest edge of the system (feet) \_\_\_\_\_

Have you applied for property line splits, merges, or subdivision?  yes  no  
if yes, attach application

**If you do not own the real property where the project will occur:**

Name of Owner(s) \_\_\_\_\_ Owner(s) Phone No. \_\_\_\_\_

Owner(s) E-mail \_\_\_\_\_ Owner(s) Fax No. \_\_\_\_\_

Owner(s) Address \_\_\_\_\_

Legal or Equitable interest Applicant has in the property: \_\_\_\_\_

**Applicants should consult the Town of Barre Zoning Code §350-63 (Telecommunication Facility Special Use Permit Criteria) and §350-90 (Site Plan Procedure ) when compiling their application materials.**

Attached to this application are the following:

- |                                                                    |                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Site Plan                                 | <input type="checkbox"/> Engineer's Report                    |
| <input type="checkbox"/> Tree Inventory                            | <input type="checkbox"/> Screening and Landscaping Plan       |
| <input type="checkbox"/> Vegetation Management Plan                | <input type="checkbox"/> Operations & Maintenance Plan        |
| <input type="checkbox"/> Decommissioning Plan                      | <input type="checkbox"/> Preliminary Equipment Specifications |
| <input type="checkbox"/> SWPPP                                     | <input type="checkbox"/> Drainage Plan                        |
| <input type="checkbox"/> Lighting Plan                             | <input type="checkbox"/> Signage Plan                         |
| <input type="checkbox"/> Adjacent Land Uses & Owners               | <input type="checkbox"/> Written Description of the Project   |
| <input type="checkbox"/> Utility Plan                              | <input type="checkbox"/> Special Use Permit Application       |
| <input type="checkbox"/> Rezoning Application                      | <input type="checkbox"/> Variance Application(s)              |
| <input type="checkbox"/> Subdivision Application                   | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Full Environmental Assessment Form Part 1 |                                                               |

I affirm under penalty of perjury that the contents of this application are true to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Owner

By: \_\_\_\_\_

By: \_\_\_\_\_