



TOWN OF CLAYTON
 Planning Department
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

**SMALL CELL WIRELESS ANTENNA
 MINOR SITE PLAN APPLICATION**

Pursuant to Article 7, Section 155.707 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Planning Director to approve a Minor Site Plan application.

- Application Fees: \$100 per location for first 5 locations
 \$50 per additional location up to 25 locations
 \$500 technical consultant fee (if applicable)
A separate application is required for each site

SITE INFORMATION:

Public ROW (NCDOT) Public ROW (Town of Clayton) Private Parcel Other (_____)

Street Address: _____ Parcel ID: _____

Equipment/Pole Location: _____

Zoning District: _____ Existing Use: _____

Height of Pole: _____ Height of Antenna: _____

New Pole (Activation Date: _____) Existing Pole (Activation Date: _____)

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

FOR OFFICE USE ONLY

File Number: _____ Date Received: _____ Amount Paid: _____

CARRIER INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

PROPERTY OWNER INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EXPLANATION OF PROJECT:

Please provide a brief description of the request.

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby attest that all small wireless facilities included within this application shall be collocated on the utility pole, city utility pole, or wireless support structure and that the small wireless facility shall be activated for use by a wireless services provider to provide service no later than one year from the permit issuance date.

I/We hereby certify that I/we have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my/our knowledge. I/We understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date