

TOWN OF DUBLIN

PO Box 277

Dublin, NH 03444



Application for Telecommunication Conditional Use Permit

Case # _____

Date Rec _____

Amt due _____

Fees pd. _____

Public hearing date _____

Application _____

Approved _____

Or denied _____

This form and all required information must be filed at least 20 days prior to the meeting at which it is to be submitted to the Board. The application must be filed with the Planning Board Secretary. A completed application consists of the following information, in addition to a completed checklist (attached).

1. **Applicant(s)** Name _____ Phone _____

_____ Phone _____

2. Applicant(s) Mailing Address _____ E-mail _____

_____ E-mail _____

3. Date _____ **Map Number** _____ **Lot Number** _____ Zoning District _____

Location Address of property _____

4. Name, mailing address, e-mail address, and telephone number of **property owner(s)**.

Mailing address _____ Phone _____

_____ E-mail _____

Mailing address _____ Phone _____

_____ E-mail _____

5. Professional Certification—name and contact information of surveyor and/or engineer who prepared the plat.

Name _____ Phone _____ E-mail _____

Mailing Address _____ License Number _____

6. Notices: Attach a separate sheet listing the names, mailing addresses and tax map and lot numbers of all abutters, including those across a street, brook or stream; names and mailing addresses of all holders of conservation, preservation, or agricultural preservation easements; all persons whose name or seal appear on the plat; all towns within 20 miles of the proposed location; and any regional planning commissions within the 20 mile radius. Names of abutters should be taken from current town tax records.

7. Payment of all applicable fees (see attached fee schedule).

8. Items on the attached checklist

The property owner or agent certifies that this application I correctly completed with all the required attachments, and that any additional costs for engineering or professional services incurred by the Dublin Planning Board or the town of Dublin for processing this application shall be borne by the owner or applicant.

"I hereby authorize the Dublin Planning Board or its designated agents to access my land for the purpose of reviewing this plan, performing road inspections and any other inspections deemed necessary by the Board or its designees, to ensure conformance of on-site improvements with the approved plan and all Town ordinances and regulations."

Applicant/Owner or Agent _____ Date _____

Signed

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Telecommunications Checklist



Please Note: To aid both the Planning Board and the applicant, a checklist follows and is part of this application. This checklist details those items that will be reviewed by the Planning Board. **No entry shall be made on the checklist by the applicant.** It is provided for the information of the applicant to assure that all information necessary for the Planning Board's review is provided on the site plan or accompanying submissions. It is to be completed by the Planning Board at the first meeting at which the attached application is considered.

A. PLAT SUBMISSION ITEMS

The Plat shall contain the following minimum information, unless a waiver from any of these items is requested by the applicant in writing, and granted by the Planning Board.

	Yes	No
1. Title block that shows the name of the development or project?	<input type="checkbox"/>	<input type="checkbox"/>
2. North arrow, date of plat, scale; name, address and seal of all persons preparing plat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Signature block for Planning Board endorsement/approval?	<input type="checkbox"/>	<input type="checkbox"/>
4. Vicinity or location sketch and zoning district(s)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the proposed use permitted in the zoning district?	<input type="checkbox"/>	<input type="checkbox"/>
6. Total area of the parcel in acres and square feet?	<input type="checkbox"/>	<input type="checkbox"/>
7. Lot frontage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Boundary lines and approximate dimensions and bearings?	<input type="checkbox"/>	<input type="checkbox"/>
9. Tax Map and Lot numbers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Locations and descriptions of any existing or proposed easements, deed restrictions, or covenants?	<input type="checkbox"/>	<input type="checkbox"/>
11. Physical features on the site and within 200 feet of the site?	<input type="checkbox"/>	<input type="checkbox"/>
12. Soil information based on the Cheshire County Soil Survey?	<input type="checkbox"/>	<input type="checkbox"/>
13. All natural features, such as streams, ponds, wetlands, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
14. Existing and proposed grades and contours, and base flood elevations?	<input type="checkbox"/>	<input type="checkbox"/>
15. Shape, size, height, location and use of existing and proposed structures on the site?	<input type="checkbox"/>	<input type="checkbox"/>
16. Existing buildings and structures within 500 feet of the site?	<input type="checkbox"/>	<input type="checkbox"/>
17. Access to the site, with location and width of existing and proposed driveways?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has a driveway permit been granted from either the NH DOT or the Town of Dublin?	<input type="checkbox"/>	<input type="checkbox"/>
19. Locations, names, right-of-way and travel widths of any existing and proposed roads on the property and within 200 feet of the site?	<input type="checkbox"/>	<input type="checkbox"/>
20. Final road profiles and cross sections for any new roads?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|--------------------------|--------------------------|
| 21. Do emergency and service vehicles have easy, unimpeded access to the site, with adequate turn-around space? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Locations and sizes of all electric and telephone lines on the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Existing and proposed fire hydrants and/or fire ponds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Existing and proposed methods of handling stormwater runoff, and the direction of the flow indicated by arrows? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Sizes and locations of all stormwater drainage lines, catch basins, drywells, drainage ditches, retention basins, and culverts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Location, types, and sizes of all existing and proposed landscaping, screening, and lighting? | <input type="checkbox"/> | <input type="checkbox"/> |

B. OTHER REQUIREMENTS

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the proposed height comply with the 100 foot limitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the facility comply with the applicable setbacks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has security fencing been provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the proposed facility camouflaged so that it is virtually unobstrusive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have methods for protecting migratory birds been proposed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have soil erosion and sediment control issues been addressed? | <input type="checkbox"/> | <input type="checkbox"/> |

C. ITEMS TO ACCOMPANY SITE PLAN REVIEW

- | | | |
|--|--------------------------|--------------------------|
| 1. Map showing all towers within the town boundaries and within a 20 mile radius of the proposed tower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Propagation map showing proposed radio frequency coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Photographic documentation of the balloon tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Written proof that the proposed facility complies with the FCC regulations on radio frequency exposure guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Written proof of any NEPA requirements, or any EIS requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Substantial evidence that a new tower is necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Information on number of sites each provider requires? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Information on other sites that are under consideration by the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Information on the proposal's affect on competitors' ability to site on the same property? <input type="checkbox"/> | | <input type="checkbox"/> |
| 10. Information on the use of CMI/HIC systems in the region? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of FCC license that authorizes the applicant to deploy systems under TCA of 1996? <input type="checkbox"/> | | <input type="checkbox"/> |

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Fees for Telecommunication Conditional Use Permit

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These fees must be paid before the public hearing on this application.

Make checks out to The Town of Dublin and mail or give to the Planning Board Secretary

1. Name of the Applicant: _____

Address _____ Phone _____

_____ E-mail _____

Date _____ Map # _____ Lot # _____

Application Fee \$150.00

Newspaper Notice \$100.00

Abutter Notification
(\$7.00 X the number of abutters, applicant and professionals) _____

Regional Notifications
(\$7.00 for each affected town) _____

Planning Board administrative & technical review fees
(site specific, to be determined by the Planning Board) _____

Other (as Planning Board specifies) _____

Total _____