



Summers County Commission

Planning and Permits

Wireless Telecommunications Facilities Permit Application

Application Instructions

Step 1: Complete all fields below. Incomplete applications may be rejected.

Step 2: Email completed application and any additional documents to: Ted.Kula@SummersCountyWV.gov

Step 3: Refer to Fee Schedule and remit payment to: Summers County Sheriff's Tax Office, 120 Ballengee Street, Suite 101 Hinton, WV 25951 Please note on check: "Fund 14". Payment questions phone: 304-466-7112

*Note that applications are not complete until Application Fee is received. Application Fee is nonrefundable.
Permit is valid for 1 year from date approval is granted.*

Fee schedule:

Schedule A: New Tower, Tower Replacement, and similar activities that require significant time investment by the county to ensure the safety, needs, and best interest of the residents are met.	Fee: \$5,000
Schedule B: All other activities covered by this ordinance.	Fee: \$500

Pursuant to Summers County Wireless Telecommunications Facilities Ordinance amended January 6, 2014.

Applicant Information

Company Name: _____ Phone: _____ POC Name: _____

Street, City, State, Zip: _____ POC Email: _____

Tower Owner Information

Company Name: _____ Phone: _____ POC Name: _____

Street, City, State, Zip: _____ POC Email: _____

Property Owner Information

Name: _____ Phone: _____ Email: _____

Street, City, State, Zip: _____

Property/Site Information

Coordinates in Decimal Degrees: _____ County: _____

Physical E911 Address: _____

Driving directions to tower base: _____

Tower/Site Name or Company ID*: _____

** Not the FCC ID. Identifier that can be used if additional information is required.*

Existing Carriers (Please list all): _____

Tax Parcel, District & Map: _____ Deed Book & Page: _____ Acreage: _____ Acres

Activity/Construction Information *Please Check All That Apply*

New or Replacement Cell Tower Equipment replacement/upgrade Increase height

New Co-Location * Other (explain): _____

Anticipated Construction Start Date: _____ Anticipated Completion Date: _____

Anticipated Use Start Date: _____ Estimated Cost (labor and materials): _____

Contractor Name: _____ WV License #: _____

Address: _____ Phone #: _____

**Pursuant to Co-Location requirements as defined the Ordinance Section 4.4*

Improvement Information *This section to be completed only if New or Replacement Cell Tower*

General Description of Proposed Construction: _____

Tower Base Perimeter: _____ Length: _____ Width: _____ Tower Height: _____

* Co-Location Capable? Yes (how many?) _____ No (Explain): _____

Distance of Proposed Improvement to Nearest Property Line: _____

Distance of Proposed Improvement to Nearest Non-Facility Related Structures: _____

Any other communications structures within 1000' of proposed construction? Yes No

If Yes, list coordinates and FCC IDs for each: _____

Authorization Signature

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinance and this application. I further certify that all easements, deed restrictions or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans on connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his/her successors in title from complying therewith.

I understand that applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

Applicant Name: _____ Company: _____

Signature: _____ Date: _____

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This section to be completed by the Summers County Planning Official

Permit Status: _____ (Approved, Denied or Conditional Approval)

Comments: _____

Signature: _____ Date: _____
Summers County Planning Official

Date App Received: _____ Date Entered: _____ Document ID: _____

Date Fee Received: _____ Fee Check #: _____ Fee Check Date: _____

Form v1.10 Dec 2021