



Application for Certificate of Zoning Compliance for Support Structure or Tower

Russell County Zoning 401
N. Main, P.O. Box 113
Russell, KS 67665
(785) 483-6650

This form must be completed by the applicant and returned to the office of the
Zoning Administrator.

An incomplete application cannot be accepted.

Date: _____

Sec _____ Twp _____ Rng _____

Tower Owner _____

Address _____

Phone: ()

Lease _____

Phone: ()

Address _____

Phone: ()

Agent, if any _____

Address _____

Phone: ()

Land Owner _____

Address _____

Phone: ()

Site Address: _____ Acreage: _____

Legal description of property: _____

Type of Modification (indicate current height if there is no change that impacts structure height)
Tower height: N/A or increase _____ ft decrease ft _____ **current height** _____ ft final height _____ ft
Antenna Array: N/A or Addition _____ or Removal _____ or Repair/Replace _____
Equipment: NA or Addition _____ or Removal _____ or Repair/Replace _____
Other: (describe) _____

Proposed modifications to the telecommunication tower or site: _____

Zoning District _____

Surrounding land use and zoning:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

Additional comments _____

The following must be attached to and made a part of this application:

- ✓ A site plan, including landscape provisions and topographic information.
- ✓ A letter from the tower owner approving of site modifications.
- ✓ If the tower owner is different from land owner, a letter or documentation indicating the land owner approves of the modification, or that the modifications fall within the lease agreement.
- ✓ Certificate of liability insurance.
- ✓ If modification to tower is a height increase, include FAA documentation of height approval or outside of FAA regulation area
- ✓ If height modification, include Copy of permit obtained from the City of Russell which shows compliance with the Russell Airport Height and Hazard regulations.

I (We), the applicant(s), hereby declare that all information contained herein is true to the best of his/her knowledge and that all information required for this request has been included. Applicant agrees to furnish any additional information required for review and processing of this application.

Applicant Date

Authorized Agent Date

Applicant Date

Authorized Agent Date

Office Use Only:

Date Filed: _____

Fee Paid: _____

Received By: _____

Case Number: _____

Check List

Existing tower conforming to Zoning Regulations		YES	NO
Site Plan		YES	NO
Tower Owner Approval	N/A	YES	NO
Land Owner Approval or copy of Lease agreement	N/A	YES	NO
Proof of Liability Insurance		YES	NO
FAA Documentation	N/A	YES	NO
City of Russell Height & Hazard Permit	N/A	YES	NO

Certificate approved for: _____

on _____
(Date)

By: _____
Zoning Administrator

Conditions attached to Certificate:

Certificate denied: _____
(Date)

By: _____
Zoning Administrator

Reason for denial: _____

This is a zoning compliance certificate, which certifies compliance with the zoning regulations of Russell County, Kansas. Approval **DOES NOT NULLIFY ANY DEED RESTRICTION OR COVENANT VALIDLY FILED OF RECORD**, nor does it preclude compliance with such deed restrictions or covenants which are still enforceable by other parties. This certificate is subject to cancellation if any misrepresentations have been made or if any changes are made, which violate zoning regulations. **This certificate of compliance will become null and void 90 days after date of issuance unless the type of activity covered by this certificate has commenced.** This zoning certificate is issued only for the use herein described. If the nature of this use changes, a new application must be submitted to the Russell County Zoning Office.

Approved: _____
Zoning Administrator

Date