

TOWER RENEWAL APPLICATION & PERMIT – COVINGTON TOWNSHIP

20 Moffat Drive, Covington Township, PA 18444
 Telephone: (570) 842-0457 Fax: (570) 842-2144

DATE OF APPLICATION:	PERMIT NUMBER: -
OWNER NAME & ADDRESS: (company)	NAME & TITLE OF THE PERSON COMPLETING THIS APPLICATION: (If not from owner's company, attach authority to make application.)
MAIN PHONE NUMBER:	CELL PHONE NUMBER:
ADDRESS OF TOWER: (Street address)	REQUIRED DOCUMENTATION TO BE ATTACHED:
TAX MAP PARCEL #: _____	<ul style="list-style-type: none"> ○ Minimum \$50,000.00 bond per tower to guarantee tower removal. Must be valid for the duration of the 10-year period of the permit. ○ Annual Inspection Report (current year) ○ Engineer certification of structural integrity, continued compliance with FCC emission standards and compliance with other applicable municipal, state, and federal regulations
PERMIT & RENEWAL FEES: (Valid for 10 years) <i>As set by Resolution 2022-05 Schedule of Fees</i>	\$ _____ PAID BY CHECK # _____
<u>Fees:</u> <ul style="list-style-type: none"> ● <i>Initial Permit Fee</i> (valid for 10 yrs.) if not sooner revoked for each tower site and each array on a tower = \$2,500.00 	<u>Renewal Fees:</u> <ul style="list-style-type: none"> ● Tower Site = \$2,000.00 ● Each Array on Tower: \$1,000.00 each <p style="text-align: center;"> _____ arrays x \$1,000.00 = \$ _____ (# of arrays on tower) (array fees) </p> <p style="text-align: center;"> \$2,000.00 + \$ _____ = \$ _____ (tower site fee) (array fees) (TOTAL FEE ENCLOSED) </p>
NOTIFICATION OF PROBLEMS:	
<ul style="list-style-type: none"> ○ Tower site must contain, in a visible place on the Security Barrier, the current name and mailing address of the owner(s) and a 24-hour emergency telephone number. This address shall be kept current by the owner(s). ○ The Zoning Officer shall inform owner(s) of safety problems, maintenance problems or any matter relative to the tower in accordance with section 606 of the Zoning Ordinance to be sent to the address on the security barrier or other address given to the Zoning Officer. 	<ul style="list-style-type: none"> ○ If the problem outlined in the letter from the Zoning Officer is not resolved within 30 days of receipt of notice, or within such other period as allowed in writing by the Zoning Officer, this shall constitute a violation of the Zoning Ordinance and section 607 of the Zoning Ordinance shall apply. ○ An unresolved violation shall constitute grounds for revoking the tower permit <p style="text-align: center;">★ <i>As per section 519.8 of the Covington Township Zoning Ordinance</i></p>

By signing this application, I agree:

- I am required to submit annual inspection reports to the Zoning Officer which shall include an engineer certification of structural integrity, continued compliance with FCC emission standards and compliance with other applicable municipal, state, and federal regulations.
- Application for renewal must be made in writing to the Zoning Officer, who will present the renewal application to the Board of Supervisors.
- The Board of Supervisors may approve the renewal by resolution, or the Board may require a Conditional Use hearing on the renewal. Tower permit renewal will require payment of the prescribed fee. (As per Resolution 2008-04 Schedule of fees)
- Should the Township revoke the Tower Permit for violations of the Zoning Ordinance, the date of the revocation will start a 180-day period of shutting down the use of the Communication Tower. The Township may require the removal of the Communication Tower, security barrier, equipment shelter, and related equipment after 180 days have passed, as required in the removal agreement executed by the applicant. This removal must then be completed within 60 days.
- ★ *As per section 519 .6 and 519.9 of the Covington Township Zoning Ordinance*

SIGNATURE OF APPLICANT:

TOWNSHIP USE ONLY:

Zoning Officer, _____, reviewed application on _____.
(date)

Submitted to Covington Township Board of Supervisors on: _____.

ACTION BY THE BOARD OF SUPERVISORS:

Presented to the Board of Supervisors during their monthly meeting on: _____
(Date)

Approval of the Board of Supervisors by:

❖ Resolution # _____

-OR-

❖ Conditional Use Hearing, held on _____
(Date)

Denial by the Board of Supervisors on: _____
(Date)

(Chairman)

(Vice Chairman)

(Supervisor)

(Supervisor)

(Supervisor)