



CITY OF WINCHESTER, VIRGINIA

CERTIFICATE #: ATP-_____
DATE SUBMITTED:_____

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601
(540) 667-1815
TDD (540) 722-0782

APPLICATION

ADMINISTRATIVE TELECOMMUNICATIONS PERMIT

Please print or type all information

_____ Applicant

_____ Telephone _____ Street Address

_____ E-mail Address _____ City _____ State _____ Zip

_____ OWNER'S SIGNATURE (use reverse to list additional owners) _____ Owner Name (as appears in Land Records)

_____ Telephone _____ Street Address

_____ E-mail Address _____ City _____ State _____ Zip

PROPERTY LOCATION

Current Street Address(es) _____ Use _____

Zoning: _____ Zoning Overlay: _____ Related Site Plan? No ___ Yes ___ Number: _____

TYPE OF REQUEST – Submit required materials and any additional information with this form.

Antennas Added: _____ # Antennas Removed: _____ Fee: \$500.00

Other (specify): _____

Will the height of the telecommunications facility be increased: Yes No If yes, how much: _____

Will the width of the telecommunications facility be increased: Yes No If yes, how much: _____

Will there be changes to the supporting ground equipment: Yes No

REQUIRED MATERIALS LIST

- _____ 1 copy of application (this form completed)
- _____ Fee (check made payable to the **Treasurer, City of Winchester**)
- _____ 2 copies of plans (elevation drawings, site plan, etc.)
- _____ Letter explaining request and compliance with Zoning Ordinance Section 18-2

Please note that requests that include a property within the Historic Winchester or Corridor Enhancement overlay zoning district, a certificate of appropriateness is required. Requests involving changes to ground support equipment and/or site features, a site plan may be required.

Only a complete application, which includes all the above materials, will be accepted.

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I/We hereby certify that the above information is complete and correct and that public notification will be properly posted on the site not later than 14 days before the public hearing (if applicable) and that all delinquent Real Estate taxes have been paid per Section 23-9.

SIGNATURE _____ DATE _____
APPLICANT

Additional Owner's Name

Address

City,

State,

Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

Address

City,

State,

Zip

Telephone

OWNER'S SIGNATURE

Additional Owner's Name

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