

**CONDITIONAL USE PERMIT APPLICATION/COMMUNICATIONS  
TOWERS ORDINANCE**

APPLICATION IS HEREBY made to the Town of Marshall for consideration of a Conditional Use Permit in accordance with the provisions of the Town of Marshall Communications Towers Ordinance.

Date: \_\_\_\_\_ Application No. CU0601 \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Pin No. \_\_\_\_\_

Legal Description (Attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Representative: \_\_\_\_\_

Project Representative Address: \_\_\_\_\_

Project Representative Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Project Description: Attach all items specified in the Ordinance  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A complete application shall be submitted to the Town of Marshall Office of Zoning Enforcement and shall include all items specified in the Communication Towers Ordinance, a copy of this application, and a check for \$500.00 made payable to the Town of Marshall.

Notice of the hearing shall be sent to adjoining property owners as a courtesy so that any party may respond. Submit the names and addresses of current abutting property owners in the space provided below:

Property Owner Name      PIN Number      Address

***The Following MUST Be Completed by the Property Owner***

I/We \_\_\_\_\_ by \_\_\_\_\_  
hereby certify that the applicant named above has the authority vested by me to make this application.

\_\_\_\_\_  
(Signature of Property Owner or Authorized Agent)

\_\_\_\_\_  
(Title or Relationship)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mail completed form to:

Zoning Enforcement Officer  
Town of Marshall  
45 North Main Street  
PO Box 548  
Marshall, NC 28753

**FOR OFFICE USE ONLY**

Proposal received \_\_\_\_\_

Received by \_\_\_\_\_

Fee Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_

FORM CU03/06