Harnett County North Carolina Communications Facility Collocation Application Checklist

Date Submitted: 3/ 4/2024

APPLICANT'S NAME: Joshua Godwin (on beh	alf of DISH Wireless)	<u> </u>		
Phone: 828-514-1143	FAX:	E-mail: jgodwin@towersourceinc.com		
PROPERTY OWNER: Brinkley McMillan Betty		Phone: 828-514-1143		
APPLICANT'S CONTACT: Joshua Godwin, T	owersource, LLC, on beha	If of DISH Wireless		
Address 1355 Windward Concouse. Sui		005		
Phone: 828-514-1143	FAX:	E-mail: jgodwin@towersourceinc.com		
Lessor/Licensor Contact Information: Name: American Tower Corporation holds active	vo long term lease with proper	v owner		
Address: 10 Presidential Ave, Woburn, MA C	1810	y owner.		
Phone: 781-926-4500	FAX:	E-mail: jgodwin@towersourceinc.com		
Filone.		- III 10 0		
New Structure: Yes [] No [x] Co-location: Yes [x] No [] Water Tower: Yes [] No [x] Replace Existing Structure: Yes [] No [x] Replacement (upgrade) of existing antennas Yes [] No [x] Stealth Attached Facility: Yes [] No [x] New Stealth Antenna Support Structure: Yes [] No [x] FACILITY INFORMATION: Site Address: 174 Brinkley Hill. Cameron, NC 28326				
Latitude (NAD83): 35' 14' 48.340" N	L	ongitude (NAD83): 79' 1' 13.270" W		
Ground Elevation (AMSL) (ft): 692ft Total Height of Tower: (AGL) (ft) 303ft				
RAD Center (ft): 152ft				
TAX Parcel Identification Number: 9594-34-8634.000				
Present Zoning of Property: RA-20R				
Land Use and Description of Property: Cell Tower commercial, single family, tower				
FCC Antenna Structure Registration Number (ASR) (if applicable): 1055567				

The following must be enclosed with this application:

- 1. A complete set of construction drawings of the proposed facility demonstrating compliance with applicable Federal, State and Harnett County building codes; and,
- 2. A structural analysis by a Registered Professional Engineer that the support structure complies with applicable ANSI/EIA/TIA-222G (as amended) standards; and,
- 3. A statement (electronic preferable) from a qualified individual that the applicant will comply with all FCC rules regarding human exposure to RF energy and a statement (electronic preferable) from the applicant that the applicant will comply with all applicable FCC rules regarding radio-frequency interference;

Please Note: Supplemental information may be requested for purposes of clarity or confirmation.

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Joshua Godwin on behalf of DISH Wireless and Americ	_ Date: 3/4/2024	
		828-514-1143
Directions to job site from Lillington: From Lillington, take E Front St to	o S Main St, 0	.2mi. Follow NC-210 S
Overhills Rd and Nursery Rd to Brinkley Hill Ln, 19.1mi. Turn right	onto Brinkley	Hill Ln, 0.2mi.
Cell Tower will be on your right.		
Subdivision:	Lot:	
Description of Proposed Work: Adding a wireless carrier to an existing cell to	ower. Installing ne	w 200amp meter service.
Heated SE 0 Unheated SE 35		
General Contractor Information: Building Cost \$ 2	22,000	_
Glasgow Design Build, LLC	(919) 414-89	920
Building Contractor's Company Name	Telephone	
2475 Reliance Ave. Apex, NC 27539	cj@embarkte	elecom.com
Address	Email Address	
Harris Fronts	L.70353	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Information: Electrical Cost S	7,000 200 Ampo	
Description of Work Installing 200amp meter Service Size: 2 Embark Telecom Group Inc.	(919) 725-17	
Electrical Contractor's Company Name	Telephone	21
2475 Reliance Ave. Apex, NC 27539		arktelecom.com
Address T	Email Address	
Address	U.31590	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical Co		
Description of Work	# Units_	
Mechanical Contractor's Company Name	Telephone	
	Essail Address	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #	
Description of Work		
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	<u> </u>
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Insulation Contractor's Company Name & Address	Telephone	

Sprinkler Contractor Information				
Sprinkler Contractor's Company Name	Telephone			
Address	Email Address			
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License # on			
Fire Alarm Contractor's Company Name	Telephone			
Address	Email Address			
Signature of Officer(s) of Corporation	License #			
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes X No				
I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.				
Signature of Owner/Contractor/Officer(s) of Corporation	$\frac{3}{5/24}$			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner				
General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:				
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.				
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.				
Has one (1) or more subcontractors(s) who has their own policy covering themselves.	of workers' compensation insurance			
Has no more than two (2) employees and no subcontractors.				
While working on the project for which this permit is sought it is unders Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work fro carrying out the work.	worker's compensation insurance prior			
Company or Name: Glasgow Design Build, LLC				
Sign w/Title: Sign w/Title: 3/5/24				