



**Public Works and Development  
Planning Division**

6924 South Lima Street Centennial CO 80112 Phone: 720-874-6650 FAX 720-874-6611  
www.co.arapahoe.co.us

**Commercial Mobile Radio Service - CMRS**

**Submittal Requirements for ALL CMRS Facilities**

The following items are required:

1	Letter of Intent
1	New Address assignment from Mapping (Prior to Application Submittal)
1	<a href="#">Blue Administrative Application</a>
1	Check for \$1500.00 Planning Review Fee
1	Copy of most current zoning document
1	Full-sized set of proposed plans (24"x 36")
2	Reductions of plans (11" x 17")
1	Photo simulation of proposed facility
1	Site Detail Information Form (see below)
TBD	The Planning Division may determine that outside referrals are required.

- *Note - only one microwave dish per provider is permitted. (See [Section 12-1100](#) of the Land Development Code Book )*

Commercial Mobile Radio Service (CMRS) site facility applications are processed in accordance with the Arapahoe County Land Development Code Book (LDC) as well as the accessory use provisions in each zone district throughout the LDC.

**Review Procedures**

**A Pre-Submittal meeting is not required;** however it may be helpful to discuss the County's submittal requirements and process with staff. The review of CMRS applications is intended to be accomplished within twenty (20) business days. However, this time frame may vary depending upon the circumstances of each individual case and may be impacted by the need for outside referrals. Upon completion of the review, the Planning Division will send the applicant a Conditional Letter of Approval or Letter of Denial. Please note a building permit is also required. Such permit may be applied for only after the Planning Division Review and applicant's receipt of a Conditional Letter of Approval.



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**Commercial Mobile Radio Service Facilities**

**CMRS Site Detail and Carrier Certification Form - in addition to the letter of intent**

<b>New Address of Facility</b> (Address must be obtained from the Mapping Division prior to submittal to Planning)	Facility Address:						
<b>Proposed Site Name</b>	Site Name:						
<b>Proposed Site Number</b>	Site Number:						
<b>Parcel ID Number</b>	Parcel ID Number:						
<b>Legal Description</b>	An additional sheet may be attached.						
<b>Lease Area</b>	Size (square footage/acres):						
<b>Type of Facility</b> (mark all that apply)	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">Freestanding</td> <td style="width:50%;">Mounted (Building, Roof, Structure)</td> </tr> <tr> <td>Micro-cell</td> <td>Repeater</td> </tr> <tr> <td></td> <td>Full Facility</td> </tr> </table>	Freestanding	Mounted (Building, Roof, Structure)	Micro-cell	Repeater		Full Facility
Freestanding	Mounted (Building, Roof, Structure)						
Micro-cell	Repeater						
	Full Facility						
<b>Is this facility being co-located?</b> (if no & freestanding – provide evidence as to why co-location is not possible)	<b>Yes</b> <span style="float:right"><b>No</b></span>						
<b>Zoning</b> (include copy of applicable zoning document)	Existing Zoning:						
<b>Current Use of Property</b>	Current Use:						
<b>Is this type of facility permitted in this zone district?</b> See CMRS table in the Land Development Code & individual zone district requirements.	<b>Yes</b> <span style="float:right"><b>No</b></span>						
<b>Maximum Height allowed in Zone District</b>	1. Building Height: _____ 2. CMRS Height: _____						
<b>CMRS Facility Height - Proposed</b>							
<b>Setbacks in Zone District</b>	1. Front: _____ 2. Side: _____ 3. Rear: _____						
<b>Does this facility Meet the Setback Requirements for the zone district?</b> Please see specific requirements for type of facility per Land Development. – Show ALL setbacks on plan set.	<b>Yes</b> <span style="float:right"><b>No</b></span> Please list the setbacks for this facility (Show ALL setbacks on plan set): 1. Front: _____ 2. Side: _____ 3. Rear: _____						
<b>Does this facility meet the setback requirements for adjacency to residential?</b> Freestanding facilities have specific requirements; see Land Development Code. Show ALL setbacks on plan set.	<b>Yes</b> <span style="float:right"><b>No</b></span> 1. Distance to nearest residential structure: _____ 2. Adjacent to residential zone? <b>Yes</b> <span style="float:right"><b>No</b></span> <b>Show distance(s) to residential zone district(s) on plan set.</b>						
<b>Does the equipment shelter/cabinet meet the requirements the Land Development Code</b>	<b>Yes</b> <span style="float:right"><b>No</b></span> Please provide the size of the equipment shelter/cabinets: _____ square feet						



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**Commercial Mobile Radio Service Facilities – CMRS  
Carrier Certification Form**

**CARRIER CERTIFICATION**

I hereby certify that I am the Property Owner/Owner’s Representative and that I reviewed the Arapahoe County Land Development Code requirements for CMRS facilities and have reviewed the applicable requirements for the underlying zoning district in which this project is located. I hereby certify that this proposed facility **complies** with the **Land Development Code regulations** as well as the underlying **zoning requirements**.

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address or Parcel ID#: \_\_\_\_\_

STATE OF \_\_\_\_\_

S.S.

COUNTY OF \_\_\_\_\_

THE FOREGOING CERTIFICATION OF DEDICATION AND OWNERSHIP WAS

ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_\_

BY \_\_\_\_\_ AS \_\_\_\_\_  
(NAME) (TITLE)

OF \_\_\_\_\_ AN AUTHORIZED SIGNATORY.  
(ENTITY)

BY \_\_\_\_\_

NOTARY PUBLIC

WITNESS MY HAND AND SEAL



**Public Works and Development**  
 6924 South Lima Street  
 Centennial, CO 80112  
 Phone: 720-874-6650 FAX 303-798-6054  
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**LAND DEVELOPMENT APPLICATION**  
 Blue Form

APPLICANT:	ADDRESS:  PHONE: FAX: EMAIL:	SIGNATURE:  NAME:  TITLE:
OWNER(S) OF RECORD:	ADDRESS:  PHONE: FAX: EMAIL:	SIGNATURE:  NAME:  TITLE:
REPRESENTATIVE FIRM:	ADDRESS:  PHONE: FAX: EMAIL:	CONTACT PERSON:
ENGINEERING FIRM:	ADDRESS:  PHONE: FAX: EMAIL:	CONTACT PERSON:

Presubmittal case number:	Presubmittal Planner:	Presubmittal Engineer:
Parcel ID number:		
Address or intersection:		
Subdivision name:		

	EXISTING	PROPOSED
Zoning:		
Total acres:		
F.A.R./Floor Area Ratio or Density:		
Square footage:		
Project name:		
Related case numbers: (Final/Preliminary Development Plan and/or Plat )		

CASE TYPE				
Administrative Replat	Administrative Amendment to a Final Development Plan	Plat Correction	Subdivision Development Plan	
Administrative Amendment to a Administrative Site Plan & Administrative Site Plan	Administrative Amendment to a Location & Extent	Administrative Amendment to a Subdivision Development Plan	Subdivision Exemption	
Commercial Mobile Radio Service (CMRS)	Administrative Amendment to a Preliminary Development Plan	Administrative Amendment to a Use by Special Review	Technical Amendments	

*THIS SECTION FOR OFFICE USE ONLY*

Case No:	Planning Manager:	Engineering Manager:
Planning Fee: Y N \$	Engineering Fee: Y N \$	

This development application shall be accompanied with the applicable fee and shall not be considered valid until the total application fee is received. Submittal of this application does not mean you will receive automatic approval, nor does it establish a vested property right in accordance with C.R.S. 24-68-105(1). Further processing and review of this application may require additional information, and/or meetings, as outlined in the Arapahoe County Land Development Code .