

### APPLICATION FOR A WIRELESS COMMUNICATION TOWER OR FACILITY

PLEASE PRINT OR TYPE (if additional space is needed, use back side of application.)

Application to (check all that apply):

- Erect, construct or locate new wireless communication service tower
- Modify an existing tower or antenna
- Mount antenna or wireless communication facility on existing roof, wall or tower
- Other (please specify): \_\_\_\_\_

Applicant Information		
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	
Interest in Subject Property:		

Owner(s) Information:	<i>(if different from applicant, include owner-signed consent to, and certification of, application)</i>	
Name:		
Address:	City:	Zip Code:
Telephone:	Email:	
Interest in Subject Property:		

Address of Subject Property:		
Parcel Identification Number:	Size of Subject Parcel:	Acre

Before Planning Commission will consider the application for a new Wireless Communication Tower or Facility, Applicant(s) must complete this application form, pay all fees, make any required escrow deposits and attach all of the following that apply to this application:

<input type="checkbox"/>	A site plan review application
<input type="checkbox"/>	Proof the new commercial wireless communication service tower cannot be accommodated on an existing or approved tower
<input type="checkbox"/>	A report, prepared by a qualified and professional engineer licensed in the State of Michigan (including the engineer's stamp and registration number) indicating the existing structure or tower's suitability for the antenna, including the following:
1.	Describes the tower height and design including the cross section and elevation.
2.	Documents the height above grade for all potential mounting positions for co-located antennas and the minimum separation distance between antennas.
3.	Describes the tower's capacity, including the number and type of antennas that it can accommodate and the number of spaces that are to be unitized by the tower owner.
4.	Certifies and documents that the equipment shall not interfere with the established public safety communications.
5.	Documents tower removal agreement, letter of credit, performance bond and/or other security with the applications.

	6.	Includes other information necessary to evaluate the application as may be requested by the Township.
<input type="checkbox"/>		Supporting documents and exhibits if the antenna or wireless communication will be located on Township property in accordance with Section 8.15 of the Zoning Ordinance.

<b>Applicant(s) Certification:</b>	
Applicant(s) acknowledges that the information submitted in and with this application is true and correct to the best of his/her knowledge.	
Applicant Signature(s):	Date:
	Date:
<b>Applicant(s) Acknowledgement</b>	
Applicant(s) acknowledges that he or she has the sole responsibility of complying with the requirements of any applicable Dallas Township Ordinance notwithstanding the signature or approval of any Township employee(s) or official(s) and that Dallas Township is not bound to recognize the approval or other action of any employee(s) or official(s) that is not in compliance with the applicable Dallas Township Ordinance.	
Applicant Signature(s):	Date:
	Date:

Please submit completed application  
and above information to: Dallas Township Zoning Administrator  
426 S. Clinton Street  
Grand Ledge, MI 48837

Or by email: [tzfoster@zfengineering.com](mailto:tzfoster@zfengineering.com)

Please remit payment to: Dallas Township Treasurer  
Ann Schafer  
510 North Elm Street  
Fowler, MI 48835  
An after-hours drop box is available at the remittance location.

FOR TOWNSHIP USE ONLY		
Fee Received: \$ _____	Date: _____	By: _____
Escrow Deposit: \$ _____	Date: _____	By: _____
<b>PLANNING COMMISSION ACTION AS NOTED BELOW:</b>		
On _____, 20____, the Dallas Township Planning Commission:		
<input type="checkbox"/> Approved the application for the following reason(s):		
<input type="checkbox"/> Approved the application subject to the following conditions:		
<input type="checkbox"/> Denied the application for the following reason(s):		
Planning Commission Chair: _____ Date: _____ Signature		
Zoning Administrator: _____ Date: _____ Signature		

Copy of Completed Application and, if granted, Permit to:			
<input type="checkbox"/> Applicant	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> Township Clerk