

PENINSULA TOWNSHIP APPLICATION NO. _____
FOR PERSONAL COMMUNICATION ANTENNA AND EQUIPMENT
ON PENINSULA TOWNSHIP OWNED PROPERTY

PARCEL NUMBER: 28-11-_____
PARCEL ADDRESS _____

APPLICANT NAME AND ADDRESS: _____

APPLICATION REQUIREMENTS

The following are required with the application to the Township Board:

- ___ 1) Name, address and phone number of the proposed owner and/or operator of the tower and equipment.
- ___ 2) Tower plans with engineering certification (Monopole only).
 - ___ a) Site plan showing location of all proposed and existing structures on the property.
 - ___ b) Preliminary design of all proposed structures.
 - ___ c) Registered Engineer's certification of the design and safety of the proposed tower.
 - ___ d) Number of additional antennae that can be co-located on the proposed tower.
- ___ 3) Name, address and phone number of the person providing the feasibility of co-location as provided in this section.
- ___ 4) Type and level of service to be provided at the site so that future applicants can be allowed a comparable level of service.
- ___ 5) Engineering requirements for the level of service to be provided at the site.
 - ___ a) Documentation of the need for a tower at this location.
 - ___ b) Documentation that a tower height in excess of forty feet is needed to provide the level of service, including documentation that a larger number of lower towers could not provide a comparable level of service.
 - ___ c) Documentation that lighting will not be required by any agency.
- ___ 6) Application fee determined by the Township Board.
 - ___ a) Non-reimbursable review fee of \$750.00.
 - ___ b) Fee of \$4,500.00 to cover Township expenses for actual engineering, consulting, and legal fees, with the unused balance returned to the applicant following approval of the application. If expenses for actual engineering, consulting, and legal fees exceed \$4,500.00, applicant will be responsible for such additional costs. Peninsula Township will exercise due diligence regarding such costs.

Applicant Signature _____ Date _____

Staff Review

Application Complete Date _____ **Check #/Date** _____

Staff Signature _____