CHEBOYGAN COUNTY
PLANNING & ZONING DEPARTMENT

870 S. MAIN ST., RM. 103 ▪ PO BOX 70 ▪ CHEBOYGAN, MI 49721 ▪ PHONE: (231)627-8489 ▪ FAX: (231)627-3646

ZONING APPLICATION – CELL TOWER UPGRADE & CO-LOCATION

Date Received	Application Fee:	Payment Type:	Approved By:	Date Approved:

The following items must be included with this application when submitting it to the Cheboygan County Planning and Zoning Department:

- ☐ FAA Approval
- ☐ Site Plan
- ☐ Elevation Drawing
- ☐ $150.00 application fee in the form of a check made payable to Planning & Zoning Department or a completed Credit Card Authorization Form

The application review will begin when all required documents have been received by the Planning & Zoning Department.

JOB LOCATION				
Address			Parcel ID # _____ - _____ - _____ - _____ - _____	
Township	Section	Subdivision/Condo Name	Lot #:	Distance to nearest lake, stream, river or body of water:

PROPERTY OWNER (TITLE/DEED HOLDER)
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

APPLICANT
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

TOWER OWNER
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

ARCHITECT/ENGINEER
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

CONSULTANT, *if applicable*
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

CONTRACTOR, *if applicable*
Company Name
Address
City, State Zip
Contact Person
Phone #
Email

Provide the details of the proposed improvements.

What is the height of the existing tower?

Will there be an increase in the height of the tower?

- ☐ Yes
- ☐ No

Will there be an increase in the size of the ground compound area ?

- ☐ Yes
- ☐ No

APPLICANT AFFIDAVIT

I agree the statements made in this application are true, and if found not to be true or incomplete, any zoning permit that may be issued may be void. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the Cheboygan County Zoning Ordinance will be complied with. I agree to notify Cheboygan County Planning & Zoning Dept. for inspection before the start of construction and when locations of proposed structure(s) are marked on the ground.

Applicant's Signature	Print Name	Date

OWNER AFFIDAVIT

I hereby certify that I am the owner of the above described property and that the information provided herein is true and correct. In lieu of representing this request myself as owner of the subject property, I hereby authorize the person designated above as applicant to represent this request on my behalf. I hereby give permission for Cheboygan County Planning & Zoning Department Staff to enter the property subject to this permit application for purposes of inspection.

Owner's Signature	Print Name	Date