



DELHI CHARTER TOWNSHIP  
2074 AURELIUS ROAD, HOLT, MI 48842  
www.delhitownship.com

## COMMUNITY DEVELOPMENT DEPARTMENT WIRELESS TELECOMMUNICATION FACILITIES INITIAL APPLICATION QUESTIONNAIRE

Please complete the following questions in their entirety. Once submitted, applicants must arrange for a Site Visit and Pre-Application Meeting with Delhi Township and its' consultant, at a mutually acceptable time, as a first step and prior to submitting a full application.

### A. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Applicant's Agent or  
Representative Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
I will be represented by legal counsel:  Yes  No

### B. CARRIER INFORMATION

Name of Person: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Location/Address: \_\_\_\_\_

### C. SITE OWNER INFORMATION

Name of Applicant or  
Applicant/Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Site Location/Address: \_\_\_\_\_ Parcel I.D.#: \_\_\_\_\_

### D. SUPPORT STRUCTURE OWNER INFORMATION

Name of Person: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Location/Address: \_\_\_\_\_

**WIRELESS TELECOMMUNICATION FACILITIES APPLICATION (cont.)**

**E. SITE INFORMATION**

New Tower                       Co-location                       Modification

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Please attach a narrative description of the wireless communications facilities work proposed and the reason or need for the work, e.g. gap in coverage, capacity, change in technology.

Applicable Version of EIA/TIA Structural Standards, i.e. Revision F or G \_\_\_\_\_  
\_\_\_\_\_.

**F. SIGNATURE**

I hereby submit an application for the above and swear or affirm all information is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

**G REVIEW ESCROW AND FEE (TO BE COMPLETED BY TWP.)**

1. Amount of Escrow Deposit Received: \$ \_\_\_\_\_.

Date Escrow Deposit Received: \_\_\_\_\_ Check No.: \_\_\_\_\_

2. Amount of Application Fee Received: \$ \_\_\_\_\_

Date Fee Received: \_\_\_\_\_ Check No.: \_\_\_\_\_

**H. PROJECT NAME (TO BE COMPLETED BY TWP.)**

\_\_\_\_\_

Name and Address for Return of Escrow Balance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFTER THIS QUESTIONNAIRE AND THE APPROPRIATE FEES HAVE BEEN SUBMITTED, THE INDIVIDUAL INDICATED IN QUESTION A ABOVE WILL BE CONTACTED.