



DELHI CHARTER TOWNSHIP
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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.