

CITY OF FARMINGTON HILLS
31555 ELEVEN MILE RD.
FARMINGTON HILLS, MI 48336
PLANNING OFFICE: 248-871-2540

APPLICATION FOR CELLULAR TOWER /CERTIFICATE OF APPROPRIATENESS

ITEM NO: _____ DATE: _____ RECEIVED/CHECKED BY: _____

I (We) the undersigned do hereby make application to the City of Farmington Hills for approval of a Certificate of Need and attached Site Plan, which has been drawn in accordance with Chapter 34 of the Farmington Hills City Code. Petitions must be filed with the Planning Office by 3:30 p.m. on the 18th day of the month to be heard at the Public Hearing of the following month. If the 18th falls on a weekend, plans must be submitted by 12:00 noon on the following Monday.

ALL PLANS MUST BE FOLDED 8 1/2 x 11 LETTER SIZE ARCHITECTS SEAL UP.

1. Eight (8) copies of the site plan Fee Pd.: _____
2. Certificate of Need- Submission of all materials referred to in Chapter 34-560 _____
3. Fifteen (15) 11"x17" reduced copy of the site plan..... _____
4. Three (3) copies Tree Survey Fee Pd.: _____
5. Two (2) copies Superimposed Tree Survey..... _____
6. Eight (8) copies of Landscape Plan Fee Pd.: _____
7. PROOF OF OWNERSHIP OF PROPERTY CONCERNED: Title Insurance, Purchase Agreement;
Names of Principal Owners involved in any Corporation, Partnership, etc. _____

Subject Property Address: _____
Subdivision and Lot # (If applicable) _____
Sidwell/Tax ID: #23- _____ Zoning District: _____
Square footage of Site: _____

The Property is owned by:

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____ Zipcode: _____	City/State: _____ Zipcode: _____
Phone: _____	Phone: _____
Signature: _____	Signature: _____

Applicant

Name: _____ Address: _____
City/State: _____ Zipcode: _____ Phone: _____
Signature of Applicant: _____

NOTIFICATION OF AFFECTED PROPERTY OWNERS- When provision of the approval requires, all property owners within the specified distance, per the Zoning Ordinance, of petitioner's property must be notified by first class mail five to fifteen days prior to the hearing. **An additional mailing fee of \$165.00 is charged, plus \$1.10 for each notice sent over 25 notices.**

Planning Commission Recommendation to City Council: _____ Date: _____
City Council: Date of Hearing _____ Action: _____

APPLICATION CELLULAR TOWER and ANTENNAE
EXCEPTIONS TO CONDITIONS

Requests for exceptions to conditions set forth for Cellular Towers and Cellular Antennae will be heard by City Council and City Council must find conditions set forth as detailed in the Zoning Ordinance.

STATEMENT OF EXPLANATION: PLEASE EXPLAIN WHAT EXCEPTION IS REQUESTED, ATTACH A STATEMENT OF EXPLANATION THAT ADDRESSES THE CONDITIONS OUTLINED ABOVE:

CONSENT FORM: ATTACH THE CONSENT FORM FOR APPROVAL OF 60% OF AFFECTED PROPERTY OWNERS WITHIN THE AREA SPECIFIED IN THE ZONING ORDINANCE.

CELLULAR TOWER AND ANTENNAE PROPERTY OWNER CONSENT FORM

Requests for exceptions to conditions set forth for Cellular Tower Ordinance and Cellular Antennae Ordinance in the instance of setback requirements from residentially zoned property, 60% of the property owners of record whose property lies within the area specified by the Zoning Ordinance must consent in writing to the proposed exception.

Applicant Name:

Subject Property Address: _____

Subdivision and Lot # (If applicable): _____

Sidwell/ Tax ID: #23- _____ Zoning District: _____

PROVIDE A DESCRIPTION OF WHAT EXCEPTION IS REQUESTED:

