

**CANNON TOWNSHIP
6878 BELDING ROAD NE
ROCKFORD MI 49341
874-6966 FAX 874-8940
ZONING PERMIT
CELL TOWER COLLOCATION**

DATE _____ PERMIT NUMBER _____

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____

A. ATTACH LEGAL DESCRIPTION AND PERMANENT PARCEL NUMBER OF PARCEL

B. PROPERTY OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

C. ADDRESS OF EXISTING TOWER _____

D. NUMBER OF EXISTING COLLOCATIONS ON THIS TOWER _____

E. ESTIMATED INSTALLATION DATE _____

F. ESTIMATED COMPLETION DATE _____

G. OTHER PARTIES HAVING A LEGAL OR EQUITABLE INTEREST IN LAND

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The information on this application form is, to the best of my knowledge, true and accurate.

APPLICANT SIGNATURE _____

OWNER OF RECORD SIGNATURE _____

(If not the applicant)

DATE _____ FEE - \$400.00

Christine M. James
Zoning Administrator

Date

ATTACH COPY OF LEASE AGREEMENT TO THIS APPLICATION