 TOWER PERMIT APPLICATION County # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMIT FEES**

**Exempt No Charge**

**Accessory Add-on $150**

**New / Non-Exempt $750.00**    
**911 Address – if required $150.00**

###### 

**FARIBAULT COUNTY PLANNING & ZONING**   
415 S. GROVE ST., SUITE 8, BLUE EARTH, MN 56013  
PHONE 507-526-2388 FAX 507-526-2508

***Permit is required for work being completed on an existing, or any proposed tower and kept on file by the Department.***

## TOWER LOCATION: 911 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *\*If new site, 911 Addressing Application Form must be completed and fee paid.*

## Township:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section:\_\_\_\_\_\_\_\_\_ Quarter: NE / NW / SE / SW

#### Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current Tower Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Landowner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION: New Tower / Existing Tower Lot Size: \_\_\_\_\_\_\_ acres Lat / Long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Activity and number(#) of items to be installed:**

**Addition of - Dish\_\_\_\_\_ size\_\_\_\_\_ / Antennea\_\_\_\_\_ height\_\_\_\_\_ / \*Structure(s)\_\_\_\_\_ size \_\_\_\_ x \_\_\_\_**

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*****If new structure is proposed, building permit is required.*

**TOWER INFORMATION: TYPE: Guyed Wire / Self Supp-Monopole / Temporary Overall Tower Height: \_\_\_\_\_\_\_\_\_\_Ft**.

\*activity must not increase the tower height.

**OTHER INFORMATION:**

**Conditional Use Permit**: Yes / No **If YES, CUP #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CUP Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If NO, a CUP may be required prior to any alteration to the tower. Please contact Zoning Administrator.**

**Are there any wetlands or low areas that may be impacted by the proposed project?** Yes / No include on site map/aerial photo) *If wetlands exist, please refer to the Wetland Conservation Act.*

**Airspace Zone?** Yes / No **If YES,** *it is the applicant’s responsibility to also comply with Airport Zoning Ordinances that are in effect.*

*These ordinances may include additional requirements that must be met prior to obtaining a permit.*

In addition to completing the required information, if applicable, applicant is also required to submit:

Engineering that states the current tower can handle the new equipment, Permits were acquired from the State Electrical Inspector, Documentation stating compliance with FAA/FCC current rules, FAA 7460 Form Completed (required if in Airspace Zone), Legal Description, Specification sheets for items being installed as part of this request.

I hereby certify that this construction complies with any applicable requirements of the local Zoning Ordinances. I also understand that I am responsible for any misrepresentation of information on this application. MAKE CHECK PAYABLE TO FARIBAULT COUNTY TREASURER – No Refunds

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This permit is valid for a period of ONE YEAR after date of approval and issuance by Faribault County Planning and Zoning.*

**(COUNTY USE ONLY)**

**Zoning District:** [ A-1 A-2 R-1 R-2 ] **Tower Information:** Exempt / New / Modification

The above application appears to meet the requirements of local Zoning Ordinances and Regulations. This permit is therefore issued, and work as described may proceed.

**Date Approved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_Receipt #: \_\_\_\_\_\_\_\_\_\_\_ Commissioner District: 1 2 3 4 5 Twp: \_\_\_\_\_\_\_\_\_\_\_Assessor Sheriff\_\_\_\_\_ FAA\_\_\_\_

Aerial Photo / Site Plan 911 Address Form Airspace Zone Land Ownership / Legal Control

7460 Form Completed (required if in Airspace Zone)

**According to Section21 – Tower Ordinance – of the Faribault County Zoning Ordinance, the following will be generally allowed as exemptions within Faribault County as long as the height of the tower is not increased:**

1. Antenna(s) incidental to residential use
2. Routine maintenance of existing tower facilities or modification of lighting to meet the standards set forth by this ordinance.
3. The addition of antenna(s) to a tower facility that meet the standards of this article and DO NOT increase the height of the tower facility.
4. Non-commercial amateur radio towers under one hundred fifty (150) feet.

* **Any existing permitted tower facility, is considered to be in compliance with this ordinance, and can be re-constructed or repaired to its original condition without obtaining a new conditional use permit.**
* **Any existing non-permitted tower facility cannot be moved or altered without complying with the requirements of the current ordinance.** \* This may include applying for and receiving a Conditional Use Permit.
* **All towers and tower facilities not defined as exempt, shall require a Conditional Use Permit prior to receiving an approved permit application.**
* **Section 7 – A-2 General Agricultural District; D. Permitted Accessory Uses 4.Structures for permitted business purposes; 5. Other accessory uses customarily incidental to the uses permitted in this section**

Please describe proposed project: (or attach any information describing the project)

**Please refer to the Tower Ordinance of the Faribault County Zoning Ordinance for additional information. You can find the link on our website at:** [**www.faribaultcountyswcd.com**](http://www.faribaultcountyswcd.com)

*To be completed by Planning & Zoning Staff if request is regarding an existing CUP:*

Checklist to identify whether the existing site meets the standards of the Faribault County Tower Ordinance, Section 21

Will this permit result in a change of the setback? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the existing site have a fence per the ordinance standards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a sign with name/#/site ID?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are paint and lighting in accordance with FAA/FCC regulations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See subsection G for Permit Requirements & check for routine maintenance. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are all of the above criteria met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_\_