



BUILDING DEPARTMENT

ADDITIONS, COLLOCATIONS, AND SUBSTANTIAL MODIFICATIONS TO EXISTING TOWERS PERMIT APPLICATION PACKET

CELL TOWER APPLICATION CHECKLIST

- o Completed application;
o Understanding of IC 8-1-32.3 Permits for Wireless Service Providers as found on the Indiana General Assembly webpage: https://statecodesfiles.justia.com/indiana/2015/title-8/article-1/chapter-32.3/chapter-32.3.pdf
o A construction plan that describes the proposed modifications to the wireless support structure and all equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment;
o If an applicable zoning ordinance specifies that a special exception, special use, contingent use, or conditional use must be approved for the proposed substantial modification of a wireless support structure in accordance with IC-7-4-918.2, evidence showing that the application complies with the criteria set forth in the ordinance with respect to the special exception, special use, contingent use, or conditional use;
o If the proposed substantial modification of a wireless support structure is not a permitted use under an applicable zoning ordinance, evidence showing that the application complies with the criteria for a variance of use from the terms of the zoning ordinance in accordance with IC 36-7-4-918.4. A permit authority may not require an applicant to submit information about, and may not evaluate an applicant's business decisions with respect to, the applicant's designated service, customer demand, service quality, or desired signal strength to a particular location.

Additions, Collocations, and Substantial Modifications to Existing Towers

If you are undertaking the mounting of a wireless facility on a wireless support structure in a manner that:

- (1) increases the height of the wireless support structure by the greater of:
(A) ten percent (10%) of the original height of the wireless support structure; or
(B) twenty (20) feet;
(2) adds an appurtenance to the wireless support structure that protrudes horizontally from the wireless support structure more than the greater of:
(A) twenty (20) feet; or
(B) the width of the wireless support structure at the location of the appurtenance; or
(3) increases the square footage of the equipment compound in which the wireless facility is located by more than two thousand five hundred (2,500) square feet.
(b) The term does not include the following:
(1) Increasing the height of a wireless support structure to avoid interfering with an existing antenna.
(2) Increasing the diameter or area of a wireless support structure to:
(A) shelter an antenna from inclement weather; or
(B) connect an antenna to the wireless support structure by cable.

Then, only this application is required.

If however, you are adding systems to include, but not limited to, generators, storage tanks, electrical appliances, or other systems, separate permits may need to be obtained prior to commencement of work activities.

# CELL TOWER PERMIT APPLICATION

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

## HELPFUL LINKS

### CURRENT DEVELOPMENT STANDARDS

City of South Bend visit <https://southbendin.gov/departement/community-investment/planning-community-resources/zoning/>

St. Joseph County visit <http://sjcindiana.com/DocumentCenter/View/1425>

State Codes visit <https://statecodesfiles.justia.com/indiana/2015/title-8/article-1/chapter-32.3/chapter-32.3.pdf>

Variance & Special Exception/Use Information visit <http://www.sjcindiana.com/apc> (County Properties) or <https://southbendin.gov/departement/zoning> (City Properties)

## SECTION 1. APPLICANT/OWNER INFORMATION

<b>APPLICANT:</b> _____	<b>ORG/BUSINESS:</b> _____		
<b>PHONE:</b> _____	<b>EMAIL:</b> _____		
<b>ADDRESS:</b> _____	_____	_____	_____
	Address	City	State Zip
<b>PROPERTY OWNER:</b> _____			
<b>PHONE:</b> _____	<b>EMAIL:</b> _____		
<b>ADDRESS:</b> _____	_____	_____	_____
	Address	City	State Zip

## SECTION 2. PROPERTY INFORMATION

<b>ADDRESS:</b> _____	_____	_____	_____	_____			
	Address	City	Zip	Township			
<b>ZONING:</b> _____	VARIANCE, SPECIAL USE/ EXCEPTION APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	_____	
	Zoning					Approval Date	
<ul style="list-style-type: none"><li>• Cell Towers within the City have Use Specific Standards.</li><li>• For zoning and variance/special exception information visit <a href="https://southbendin.gov/zoning/">https://southbendin.gov/zoning/</a></li><li>• Confirm if they are special exception in the COUNTY here <a href="http://sjcindiana.com/383/St-Joseph-Zoning-Ordinance">http://sjcindiana.com/383/St-Joseph-Zoning-Ordinance</a></li><li>• For variance/special exception information visit <a href="http://www.sjcindiana.com/apc">http://www.sjcindiana.com/apc</a></li></ul>							
<b>OVERLAY:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESIGN APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	_____
							Approval Date
<i>If your property is in an Overlay the designs must be submitted to the Design Review Specialist for approval.</i>							
<b>ENCROACHING IN PUBLIC ROW</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	PUBLIC WORKS APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	_____
							Approval Date
<i>If "yes" your designs must be submitted to Public Works for approval before a permit can be issued.</i>							
<b>HISTORIC DISTRICT:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	HISTORIC APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	_____
							Approval Date
<i>If your property is in an Historic District the designs must be approved by Historic Preservation.</i>							
<b>FLOOD PLAIN OR WETLAND:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	FLOODPLAIN/WETLAND APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	_____
							Approval Date
<i>If your property is in a flood plain or wetland you will need prior approval from the applicable authority.</i>							

# CELL TOWER PERMIT APPLICATION

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

## SECTION 3. PROJECT INFORMATION

**PROJECT TYPE: VALUE** \$ \_\_\_\_\_

**NEW**

**ADDITION**

**REMOVAL**

## SECTION 4. ADDITION TO EXISTING TOWER

### SECTION 4.1. ADDITIONS/CHANGES

# OF NEW PLATFORMS	# OF NEW CABINETS	# OF NEW EQUIPMENT SHELTERS	Current Tower Height	New Tower Height
_____	_____	_____	_____	_____
Height of proposed antenna from ground (ft)	Distance of new antenna from antenna below (ft)	Length of protrusion from tower (ft)	Width of tower at location of antenna (ft)	

**Is excavation required outside of the boundaries of the leased or owned property or to any access or utility easements related to the site?**  YES  NO

**Is the compound being expanded more than 2,500 sq/ft?**  YES  NO

### SECTION 4.2. EXPLAIN REASONS FOR ADDITIONS/CHANGES

**If proposed additions/changes are considered a substantial change as defined in the application instructions at the beginning of this application package complete Sections 4.3 to 4.6.**

### SECTION 4.3. LAND

**LAND SIZE:**

Current Area (sq/ft)	New Area (sq/ft)	New Length (ft)	New Width (ft)	New Other (ft)
_____	_____	_____	_____	_____

**SET BACKS:**

From residential uses **Must be >500ft**	Front Lot Line (ft)	Side Lot line (ft)	Side Lot line (ft)	Rear lot line (ft)	Other (ft)
_____	_____	_____	_____	_____	_____

### SECTION 4.4. FENCING

**FENCING:**

Height (ft) *Must be 6'-10'*	BLACK VINYL COATED <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	POINTED INWARD AND DOWN <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	SECURITY WIRE <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	FENCE OPEN SPACE *Affects landscaping*	> 50% <input type="checkbox"/>	20%-50% <input type="checkbox"/>	< 20% <input type="checkbox"/>		
PROVIDING FENCING AS REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	VARIANCE APPROVAL <input type="checkbox"/>	N/A <input type="checkbox"/>	YES <input type="checkbox"/>		

Approval Date \_\_\_\_\_

**CELL TOWER PERMIT APPLICATION**

ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

**SECTION 4.5. LANDSCAPING**

<b>LANDSCAPING</b>	PROVIDING LANDSCAPING AS REQUIRED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	VARIANCE APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	Approval Date
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**SECTION 4.6. ACCESS DRIVE**

<b>ACCESS DRIVES AND WALK WAYS</b>	HARD SURFACE AS REQUIRED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	VARIANCE APPROVAL	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	Approval Date
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**CONTRACTORS**

All contractors must be registered with our department. For more information on this go to <http://www.southbendin.gov/government/content/contractor-licenses-0>

**BUILDING:** \_\_\_\_\_

**ELECTRICAL:** \_\_\_\_\_

I certify the above to be true and accurate to the best of my knowledge.  
 The Owner or Assignee obtaining this permit is responsible for determining the location of the property lines and conforming with the setback, height, and all other requirements of the Zoning Ordinance. Also, the restrictive covenant relating to the property may be more restrictive and should be checked.  
 I hereby understand and agree that this structure will not be occupied until a final inspection has been carried out any approval given by the Building Commissioner (if applicable).

The undersigned Owner or Assignee does hereby accept the above responsibility.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**VERIFY PLAN REVIEW CONTACT IF DIFFERENT THAN APPLICANT**

\_\_\_\_\_  
**EMAIL**

\_\_\_\_\_  
**PHONE**