



## BUILDING DEPARTMENT

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# NEW WIRELESS COMMUNICATION TOWER PERMIT APPLICATION PACKET

### NEW CELL TOWER APPLICATION CHECKLIST

- Completed application;
- Understanding of IC 8-1-32.3 Permits for Wireless Service Providers as found on the Indiana General Assembly webpage: <http://iga.in.gov/legislative/laws/2021/ic/titles/008/#8-1-32.3>;
- 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;
- Evidence supporting the choice of location for the proposed wireless support structure, including a sworn statement from the individual responsible for the choice of location demonstrating that collocation of wireless facilities on an existing wireless support structure was not a viable option because collocation: (A) would not result in the same wireless service functionality, coverage, and capacity; (B) is technically infeasible; or (C) is an economic burden to the applicant;
- 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 36-7-4-918.2, 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;
- 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 designed service, customer demand, service quality, or desired signal strength to a particular location.
- Understanding of St. Joseph County and/or City of South Bend Zoning requirements as found here:
  - a. St. Joseph County Zoning Requirements:  
[https://codelibrary.amlegal.com/codes/stjosephcounty/latest/stjosephco\\_in/0-0-0-11662](https://codelibrary.amlegal.com/codes/stjosephcounty/latest/stjosephco_in/0-0-0-11662)
  - b. City of South Bend Zoning Requirements:  
<http://docs.southbendin.gov/WebLink/0/edoc/346087/21-06%20Uses.pdf>

EXCELLENCE | ACCOUNTABILITY | INNOVATION | INCLUSION | EMPOWERMENT

CELL TOWER PERMIT APPLICATION  
ST. JOSEPH COUNTY | CITY OF SOUTH BEND | BUILDING DEPARTMENT

SECTION 1. APPLICANT/OWNER INFORMATION

|                 |         |  |  |               |  |       |     |
|-----------------|---------|--|--|---------------|--|-------|-----|
| APPLICANT:      |         |  |  | ORG/BUSINESS: |  |       |     |
| PHONE:          |         |  |  | EMAIL:        |  |       |     |
| ADDRESS:        |         |  |  |               |  |       |     |
|                 | Address |  |  | City          |  | State | Zip |
| PROPERTY OWNER: |         |  |  |               |  |       |     |
| PHONE:          |         |  |  | EMAIL:        |  |       |     |
| ADDRESS:        |         |  |  |               |  |       |     |
|                 | Address |  |  | City          |  | State | Zip |

SECTION 2. PROPERTY INFORMATION

|   |                          |     |                          |  |                                |                          |                          |                          |               |
|---|--------------------------|-----|--------------------------|--|--------------------------------|--------------------------|--------------------------|--------------------------|---------------|
| ADDRESS:  |                          |     |                          |  |                                |                          |                          |                          |               |
|   | Address                  |     |                          | City   |                                | Zip                      | Township                 |                          |               |
| ZONING:   |                          |     |                          | VARIANCE, SPECIAL USE/<br>EXCEPTION APPROVAL | <input type="checkbox"/>       | N/A                      | <input type="checkbox"/> | YES                      |               |
|   | Zoning                   |     |                          |  |                                |                          |                          | Approval Date            |               |
| ENCROACHING IN<br>PUBLIC ROW  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO   | PUBLIC WORKS<br>APPROVAL       | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | YES           |
| If "yes" your designs must be submitted to Public Works for approval before a permit can be issued.         |                          |     |                          |  |                                |                          |                          |                          | Approval Date |
| HISTORIC<br>DISTRICT:   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO   | HISTORIC APPROVAL              | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | YES           |
| If your property is in an Historic District the designs must be approved by Historic Preservation.          |                          |     |                          |  |                                |                          |                          |                          | Approval Date |
| FLOOD PLAIN OR<br>WETLAND:  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO   | FLOODPLAIN/WETLAND<br>APPROVAL | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | YES           |
| If your property is in a flood plain or wetland you will need prior approval from the applicable authority. |                          |     |                          |  |                                |                          |                          |                          | Approval Date |

SECTION 3. PROJECT INFORMATION

|               |                                   |    |
|---------------|-----------------------------------|----|
| PROJECT TYPE: | VALUE                             | \$ |
|               | <input type="checkbox"/> NEW      |    |
|               | <input type="checkbox"/> ADDITION |    |
|               | <input type="checkbox"/> REMOVAL  |    |

**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.

|  |                       |
|--|-----------------------|
| _____<br><b>APPLICANT SIGNATURE</b>  | _____<br><b>DATE</b>  |
| _____<br><b>PRINT NAME</b>   |                       |
| _____<br><b>VERIFY PLAN REVIEW CONTACT IF DIFFERENT<br/>THAN APPLICANT</b> | _____<br><b>EMAIL</b> |
|  | _____<br><b>PHONE</b> |



**ST. JOSEPH COUNTY**

ESTABLISHED 1830

DEPARTMENT OF INFRASTRUCTURE, PLANNING & GROWTH

## **SECURITY FUND APPLICATION REVIEW PROCESS**

1. The St. Joseph County Zoning Ordinance requires Security Funds for the following:
  - Telecommunications Tower
    - Antenna Arrays
  - Wind Energy Facility
  - Solar Energy Systems (SES) over 200,000 square feet in panel area
2. As part of the Commercial Plan Review submittal, the applicant will submit the completed Security Fund Application along with the licensed engineer's report and documentation of a bond or irrevocable line of credit.
3. The application and relevant documents will be provided to the Planning Staff.
4. The Engineering Staff will review the licensed engineer's report and approve or deny.
5. Planning and Engineering will notify the Building Department when the Security Fund requirements have been satisfied.
6. Once approved, the Engineering Construction Tech will add the project to the monitoring spreadsheet.



# ST. JOSEPH COUNTY

ESTABLISHED 1830

DEPARTMENT OF INFRASTRUCTURE, PLANNING & GROWTH

## ST. JOSEPH COUNTY ENGINEER'S REPORT SECURITY FUND APPLICATION

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Project: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Project Type** - Select Project Type

\_\_\_\_\_ **Telecommunications Tower** - 125% of the cost of construction based on a licensed engineer's estimate of the cost of construction of the telecommunications tower

\_\_\_\_\_ **Antenna Array** - 125% of the cost of construction based on a licensed engineer's estimate of the cost of installation of the antenna array

\_\_\_\_\_ **Wind Energy Facility** - 125% of the cost of demolition and removal of the wind energy facility based on a licensed engineer's estimate of the cost of demolition and removal

\_\_\_\_\_ **Solar Energy Systems (SES)** over 200,000 square feet in panel area - 125% of the cost of demolition and removal of the SES, up to a maximum of \$250,000, based upon a licensed engineer's estimate of the cost of demolition and removal

**Amount** – Provide amount based on licensed engineer's report (as applicable)

\_\_\_\_\_ **Construction**

\_\_\_\_\_ **Installation**

\_\_\_\_\_ **Demolition**

\_\_\_\_\_ **Removal**

**Security Fund Type** – Include relevant attachments

☐ Bond

☐ Irrevocable Line of Credit

**General Comments**

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**