



COMMERCIAL SATELLITE DISH/ANTENNA

In addition to your application, the following is required:

- Five sets of drawings (1/4 inch = 1 foot) shall be submitted showing the following:**

Satellite Dish

- . Site plan
- . Foundation plan
- . Elevations
- . Electrical plan
- . Specifications

Antenna

- . Elevations
- . Electrical plan
- . Specifications

- Every sheet of every set shall be signed and sealed by a state-licensed architect or engineer**

An Electrical Permit may also be required to complete your project.

The following inspections are required for a Commercial Satellite Dish Permit:

#240 Satellite anchorage/location/final

The following inspections are required for an Antenna Permit:

#203 Foundation inspection

#240 Satellite anchorage/location/final



City of Dearborn
PERMIT & PLAN REVIEW OFFICE
16901 Michigan, Suite 6, Dearborn, MI 48126
(313) 943-2442

COMMERCIAL SATELLITE DISH / ANTENNA PERMIT

LOCATION AND DESCRIPTION OF LOT:

Address _____

Lot No. _____ Subdivision _____

Parcel I.D. No. _____ Zoning District _____

DESCRIPTION OF PROPOSED WORK:

CONSTRUCTION COST: \$ _____

ARCHITECT (that sealed plans):

Name _____ Address _____

Telephone No. _____

License Number _____ Expiration Date _____

ENGINEER (that sealed plans):

Name _____ Address _____

Telephone No. _____

License Number _____ Expiration Date _____

CONSTRUCTION CONTRACTOR:

Name _____ Address _____

Telephone No. _____ Dearborn License No. _____

PROPERTY OWNER INFORMATION/AFFIDAVIT:

I do hereby certify that I am the owner of the property herein described and that I have given the applicant herein named permission to perform the work described in this application:

Name of Property Owner _____

Address _____

Phone Number _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Property Owner _____

APPLICANT INFORMATION/AFFIDAVIT:

Application is hereby made for a permit to perform work as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Name _____

Address _____

Phone Number _____ Dearborn Registration No. _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, Wayne County, Michigan

My commission expires _____

FOR OFFICE USE ONLY

- Application complete
- 5 Sets of Drawings submitted

Staff Initials _____

Permit Number _____

Date Submitted _____

Plan Reviewer _____

Date Approved _____

Construction Cost \$ _____

Building Fee \$ _____

Plan Examination Fee: \$ _____

Penalty Fee \$ _____

PAY THIS AMOUNT \$ _____