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
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 _________________ Construction Cost $_________
Building Fee $_________
Permit Number _________________ Plan Examination Fee: $_________
Date Submitted _______________ Penalty Fee $_________
Plan Reviewer _______________
Date Approved _______________ PAY THIS AMOUNT $_________