

# 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** \$ \_\_\_\_\_