



## APPLICATION FOR TOWERS, ANTENNA AND/OR SATELLITE DISHES

CITY OF JORDAN  
210 EAST FIRST STREET  
JORDAN, MN 55352  
952-492-2535

APPLICANT NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements):

1. Application is hereby made for to construct or install a tower at the following address:

\_\_\_\_\_

2. Legal description of land affected by the application:

\_\_\_\_\_

3. Name, address and phone number of present owner of above described land:

\_\_\_\_\_

4. Proposed height of tower: \_\_\_\_\_ *If over 200' the FAA must be contacted for approval.*

5. Proposed location of tower: \_\_\_\_ front yard \_\_\_\_ side yard \_\_\_\_ rear yard

6. Proposed setbacks from property lines: \_\_\_\_ front yard \_\_\_\_ side yard \_\_\_\_ rear yard

*(Note: Not permitted within the required front yard, nor within 12' of side or rear lot lines).*

7. Type of structure proposed (e.g. amateur radio tower, dish, etc.): \_\_\_\_\_

\_\_\_\_\_

8. Zoning District in which the proposed structure will be located:

\_\_\_\_\_

9. Are you proposing to light the tower? \_\_\_\_ Yes \_\_\_\_ No If yes, describe lighting proposed.

\_\_\_\_\_

10. Distance from the closest existing tower:

\_\_\_\_\_

11. Attach a copy of a site plan illustrating the proposed location and height of the structure, with setbacks clearly identified.

12. A deposit is required of \$5000 into an escrow account to ensure no damages occur to city property.

I certify that all information submitted is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owners' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_ DATE COMPLETE: \_\_\_\_\_ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_ DATE FEE PAID: \_\_\_\_\_ FILE # \_\_\_\_\_

RECOMMEND APPROVAL \_\_\_\_\_ RECOMMEND DENIAL \_\_\_\_\_  
BY: \_\_\_\_\_ DATE OF ACTION: \_\_\_\_\_  
DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY STAFF ACTION: \_\_\_\_\_

DATE FILED IN ADDRESS FILE: \_\_\_\_\_