



## COMMUNITY DEVELOPMENT DEPARTMENT

110 E. Sycamore St., 4<sup>th</sup> Floor

Sycamore, IL 60178

(815) 895-7188

www.dekalbcounty.org

# Cell Tower Permit Application Instructions

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### PERMIT SUBMITTAL CHECKLIST:

- Completed permit application.
- Two (2) complete sets of detailed building plans and specifications. (Note: all plans are to be Signed, Sealed and Dated by an Illinois Licensed Architect or Structural Engineer.)
- A notarized letter of intent from the electrician on company letterhead.
- Application fees due at time of application: cash, check (made payable to DeKalb County Treasurer) or credit card.

### NEW CELL TOWER LOCATIONS, ALSO REQUIRE:

- A copy of the approved well and septic permits or Site Verification Form issued by the DeKalb County Health Department (T:815-758-6673).
- ALL SITE PLANS FOR COMMERCIAL CONSTRUCTION MUST BE PROVIDED ON OFFICIAL PLAT OF SURVEY.
- A copy of the access permit from the appropriate road authority (if construction is to occur on a parcel possessing no driveway entrance or only an agricultural field entrance).

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## What Happens Next?

Your application and all submittals must be submitted to the DeKalb County Community Development Department. A Zoning Review of the application, followed by a Site Inspection, will then be conducted. Depending on the complexity of your project, turnaround time will typically take between one (1) to three (3) weeks. If a Site Development Permit Application is required in conjunction with the application, the site inspection will not occur until after that application has been processed. For new tower sites, you are required to indicate the location of the proposed structure on the property; stakes, flags, spray paint, or any other marking is sufficient. Thoroughness and attention to detail in your application and submittals will help expedite the process.

When your permit is ready, you will be contacted by DeKalb County Community Development Department. You will receive a permit card and a plan review relating to your specific project, and any additional fees will be collected at this time. **You may not begin work until the permit is issued, signed for and picked up from the Department. Per the DeKalb County Code, permit fees will be DOUBLED if work is started without first obtaining permit.**

Your permit card must be displayed on the property. You should carefully read the plan review for important information regarding your project. **It is your responsibility to call for all required inspections as outlined in your permit package.**



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OFFICE USE ONLY	
Permit No.	_____
Fee	_____
Receipt No.	_____
Zoning District	_____
Date of Application	_____
Site Development Permit (Y / N)	_____
Received by	_____

# Cell Tower Permit Application

Application is hereby made for a permit involving premises described below:

Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Applicant's Interest in Property:  Owner  Contractor  Other \_\_\_\_\_

Property Owner of Record \_\_\_\_\_ T: \_\_\_\_\_

Address of Proposed Project \_\_\_\_\_

Parcel Number of Proposed Project \_\_\_\_\_

(Search online at: <http://gis.dekalbcounty.org/COMPASS/>)

Estimated Value of Improvement (Rounded to nearest \$100). \_\_\_\_\_

Describe Improvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEE STRUCTURE	
<input type="checkbox"/> Cell Tower Upgrade/Co-Locate	\$2,000
<input type="checkbox"/> New Cell Tower Location	\$7,000

FEE AMOUNT \$ \_\_\_\_\_

Application fees due at time of application: cash, check (made payable to DeKalb County Treasurer) or credit card.

Provide the names, addresses, and telephone numbers of all contractors, as applicable:

<b>General Contractor</b> (Company Name/Address)	<b>Architect/Engineer</b> (Company Name/Address)
<b>Tel:</b>	
<b>Email:</b>	<b>Tel:</b>
<b>Lead Cert#:</b>	<b>Email:</b>
<b>Building Contractor</b> (Company Name/Address)	<b>Electrical Contractor</b> (Company Name/Address)
	<b>Tel:</b>
<b>Tel:</b>	<b>Email:</b>
<b>Email:</b>	<input type="checkbox"/> <b>Include copy of Certificate of Registration</b>
<b>Concrete Contractor</b> (Company Name/Address)	<b>POINT OF CONTACT FOR ALL BUILDING INSPECTIONS</b> (Company Name/Address)
<b>Tel:</b>	<b>Tel:</b>
<b>Email:</b>	<b>Email:</b>

The authorized applicant / property owner's signature below attests:

1. All information contained in the application and on any accompanying documents is true and correct.
2. Proposed construction will not take place on any granted easement, public or private, nor violate and covenant or restriction applicable to the subject property.
3. Applicant / Owner and any contractors will conform to the regulations set forth in the DeKalb County Zoning and Building Ordinances.
4. All work performed under said permit will be in accordance with the plans and plat diagram which accompany this application, except for changes as may be authorized by the Building Officer.
5. Applicant / Owner is aware that inspections will be required and that all necessary inspections will be conducted in accordance with the "Required Inspections" procedure sheet.
6. The permit will become null and void if no inspections are scheduled or conducted at least every 180 days.
7. Work will not commence until after the permit has been picked up and signed for at the DeKalb County Community Development Department Office. Per the DeKalb County Code, permit fees will be DOUBLED if work is started without first obtaining permit.

\_\_\_\_\_  
Signature of Owner or Applicant

\_\_\_ / \_\_\_ / \_\_\_\_  
Date