



**WIRELESS TELECOMMUNICATION
FACILITIES APPLICATION**

DuPage County Division of Transportation
421 N. County Farm Road Wheaton, IL 60187-2553
(630) 407-6900

<u>DuPage County Office Use Only:</u>	
Application Tracking #: _____	
Date Rec'd.: _____	Tech: _____

(PRINT CLEARLY OR TYPE ALL INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WITHOUT AN ORIGINAL SIGNATURE FOR THE OWNER CONTACT WILL NOT BE ACCEPTED OR PROCESSED.)

WORK ORDER OR U.T. #:

PART I. CONTACT INFORMATION:

Owner of Facility:		Owner Contact:	
Address:		City/State/Zip:	
Phone:	E-mail:		
24 hour emergency #:	Website:		
Applicant (if different from owner):		Applicant Contact:	
Address:		City/State/Zip:	
Phone:	E-mail:		
24 hour emergency #:	Website:		

PART II. PROJECT LOCATION:

Property <u>Address</u> (if applicable):		Site City:	
County Route #(s):		County Route Name(s):	
Location to nearest cross street:			
Latitude:		Longitude:	

PART III. WIRELESS FACILITY (check all that apply):

Is the proposed wireless installation to be installed on County owned infrastructure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Co-location on existing infrastructure (Single Installation):		
<input type="checkbox"/> Co-location on existing infrastructure (Multiple Installations): # of wireless facilities requested:		
<input type="checkbox"/> Installation on new support structure:		

PART IV. GENERAL CONTRACTOR INFORMATION: (Complete all information, as is applicable.)

Name:		Contact:	
Address:		City/State/Zip:	
Phone:	Fax:		
24 hour emergency # (type/number):	Email:		



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IT IS HEREBY UNDERSTOOD BY THE UNDERSIGNED THAT UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made the application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement(s) according to and with all provisions of the Ordinances of the County of DuPage and any and all local, state and federal statutes and/or codes. I realize that the information that I have affirmed hereon forms a basis for the issuance of the Permit herein applied for and approval of plans and specifications submitted without variation unless prior written approval is obtained from the County Engineer in connection therewith. Approval shall not be construed to permit any construction upon or within said County rights-of-way or use thereof in violation of any provision of any Ordinance of the County of DuPage or to excuse the owner or his/her successors and assigns from complying therewith.

NOTICE: THIS APPLICATION IS NOT A PERMIT AND IN NO WAY AUTHORIZES THE APPLICANT OR CONTRACTOR TO CONSTRUCT/PERFORM ANY WORK WITHIN THE COUNTY'S HIGHWAY AND/OR TRAIL RIGHTS-OF-WAY WITHOUT THE ISSUANCE OF A COUNTY PERMIT. COMMENCEMENT OF CONSTRUCTION WITHOUT ISSUANCE OF A PERMIT SHALL BE PROSECUTED TO THE FULL EXTENT OF APPLICABLE LAWS UNDER COUNTY ORDINANCE.

<u>OWNER CONTACT</u>	
<u>SIGNATURE (REQUIRED):</u> _____	Date: _____
SIGN	
_____	_____
PRINT	TITLE
Applicant Contact Signature (if different than Owner Contact): _____	Date: _____
SIGN	
_____	_____
PRINT	TITLE

ALL FEES SHALL BE MADE PAYABLE TO THE "DUPAGE COUNTY DIVISION OF TRANSPORTATION"

<u>DuPage County DOT Office Use Only</u>		<u>PAYMENT INFORMATION:</u>	
<u>PERMIT FEE: \$</u>	<u>VIOLATION FEE: \$</u>	<u>TOTAL PERMIT FEES:</u>	<u>\$</u>
Type payment: _____	Check/receipt #: _____	Date: _____	By: _____
<u>RECURRING FEES (\$200/YEAR):</u>	<u>(See Calculation Sheet attached): \$</u>		
Type payment: _____	Check/receipt #: _____	Date: _____	By: _____
<u>ADDITIONAL FEES:</u>	<u>(See 'REVISED' Calculation Sheet attached): \$</u>		
Type payment: _____	Check/receipt #: _____	Date: _____	By: _____