

**Office of Land Management APPLICATION FOR CELL TOWER CONSTRUCTION SITE PERMIT**  
**Public Health Building 10 1<sup>st</sup> St. NW**  
**Elbow Lake, MN 56531 218-685-8224**

Permit No. \_\_\_\_\_

1. Lake/River No. 26-	2. Lake/River Name	3. Lake/River Class	4. Section	5. Twp. Name
6. Parcel Number(s)		7. Property (E-911) Address		

8. Legal Description

	Last name	First	Mailing Address	Daytime phone No.
9. Property Owner				
10. Contractor				

Site plan and supporting data submitted must include all applicable distances, setbacks, buildings, roads, and all other ordinance requirements:

- |                                 |                  |
|---------------------------------|------------------|
| 1. Lot Dimensions:              | 2. ROW Setback:  |
| 3. Lot area:                    | 4. Side setback: |
| 5. Height of Support structure: | 6. Rear setback: |

7. Detailed description of request:

8. Engineer's Name and License Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

This application is hereby recommended for approval by the Grant County Planning Advisory Committee.

\_\_\_\_\_  
 Chairman

Approved by the Board of County Commissioners of Grant County this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Chairman