

# SPECIAL USE APPLICATION (TOWERS ONLY)

Complete Application Requirements

*Special Use Applications will not be accepted unless the following four items are included with your application:*

- A Completed Application – Sections 1 through 6 must be completed and signed
- Applicable filing fee (check payable to the Allen County Treasurer) \$ \_\_\_\_\_  
(If mailing application, please mail to the address below)
- Detailed Site Plan (please see Site Plan Example supplement for specific inclusion information)
- Copy of most recent Recorded Deed with Legal Description

**\*\*\*This application will be placed on the next applicable public hearing agenda when all completed application requirements have been submitted.\*\*\***

Section 1:  
Request

Request (Operation Description/Project) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Location \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Renewal:  Yes  No If yes, most recent petition number \_\_\_\_\_  
Septic:  Yes  No

Section 2:  
Applicant

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

Section 3:  
Property Owner

Current Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

Section 4:  
Applicant's Representative

Applicant's Representative \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_



**The Board of Zoning Appeals may approve special use/exception pursuant to IC 36-7-4-918.4 if the Board makes a written determination of the six following criteria (described as legal tests). Please provide your responses for consideration by the Board and Hearing Officer in review of your application:**

1. How the proposed use will not be unduly detrimental to the use, value, pattern of development, or growth of the surrounding area;

---

---

---

---

2. How the location, size, intensity, site design, and operation of the proposed use will be compatible with the immediate area;

---

---

---

---

3. Verify that adequate storm drainage, water, sanitary disposal, other utility, and transportation infrastructure either currently exists or will be provided to serve the proposed use;

---

---

---

---

---

4. How the proposed communication tower is necessary to serve either new providers of service, or documented service gaps in the immediate area;

---

---

---

---

5. Why the applicant is unable to locate or co-locate on an existing structure;

---

---

---

---

---

**Section 5:  
Legal Tests Questionnaire**



Please provide your responses for consideration by the Board, Hearing Officer, and Staff in review of your application. If any information request is not applicable, please write N/A (not applicable) next to the question:

1. Tower Specifications:
  - Primary Purpose:
    - Cellular Communications (*please attach initial antenna mounting height, number of potential collocates and their height ranges*)
    - Wind Power Generator (*please attach specific tower purpose, nameplate capacity in MW or KW, swept area, dB at tower base, rotor diameter*)
    - Television/Radio Broadcast
    - Microwave Transmission/Relay
    - Other: \_\_\_\_\_
  - Height (Excluding antennae and lighting rods): \_\_\_\_\_
  - Type (i.e. Monopole, Lattice, Etc.): \_\_\_\_\_
  - Guyed:  Yes  No
  - Color and Finish: \_\_\_\_\_
  - Compound dimensions: \_\_\_\_\_
  - Special or Unusual Physical Features (i.e. stealth, slick-mount, etc.): \_\_\_\_\_

2. On-site signage (*please also note this information on the site plan*):  
\_\_\_\_\_

3. Exterior lights (*please also note this information on the site plan*):  
**Downward Directed Sharp Cut-Off Style Lighting is required per Zoning Ordinances**  
Tower Mounted:  Yes  No  
Building Mounted:  Yes  No  
Freestanding Poles:  Yes  No      **Freestanding Light Heights:** \_\_\_\_\_  
Confirm Lights are Downward Directed and Sharp Cut-Off Style:  Yes  No

4. Exterior Storage (*please also note this information on the site plan*):  
Items stored (to include all generators, vehicles, trailers, trucks, and similar items):  
\_\_\_\_\_  
\_\_\_\_\_

Dimensions of storage area: \_\_\_\_\_ Maximum height : \_\_\_\_\_ (feet)  
Hours and days these items are located here: \_\_\_\_\_

5. Parking, and related on-site exterior storage operational paths surface material(s)  
(*please also note this information on the site plan*):  
\_\_\_\_\_  
\_\_\_\_\_

6. Landscaping and screening materials of compound, parking, exterior storage (*please note this information on the site plan and provide more details if necessary below*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 6:  
Operation Information

Section 6:  
Information Continued



7. Estimated time for new construction or beginning operation:

\_\_\_\_\_

8. Is this property subject to:

Deed restrictions and/ or covenants:  Yes  No

An active neighborhood association:  Yes  No

• If yes, does this operation conflict with any of these:  Yes  No

**YOU ARE WELCOME TO SUPPLY COPIES OF ANY ADDITIONAL INFORMATION THAT MAY CLARIFY AND SUPPORT YOUR REQUEST OR IF ADDITIONAL SPACE IS NEEDED TO SUPPLEMENT THE ABOVE INFORMATION.**

I/We understand and agree, upon execution and submission of this application, that I/We agree to abide by all provisions of the City of Fort Wayne Zoning Ordinance or the Allen County Zoning Ordinances (whichever is applicable to the property), as well as all procedures and policies of the City of Fort Wayne Board of Zoning Appeals or the Allen County Board of Zoning Appeals. In addition, I/We acknowledge that if the zoning board approves my request that the board may impose certain conditions of approval and/or impose a written commitment as part of the zoning board's decision. I/We also acknowledge that, as the applicant, I have the burden of providing evidence showing compliance with the applicable legal criteria and, depending on the circumstances, the zoning board may or may not approve my request. I/We affirm that the above information is true and accurate and that if any information submitted by me/us is false or inaccurate, then zoning board may deny my request.

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(printed name of all current property owners)

\_\_\_\_\_  
(signature of all current property owners)

\_\_\_\_\_  
(date)

I/WE HEREBY AUTHORIZE AND CONSENT TO THE ON-SITE INSPECTION OF THE PROPERTY SUBJECT TO THIS ZONING APPLICATION BY THE DEPARTMENT OF PLANNING SERVICES FOR PURPOSES OF VERIFYING THE INFORMATION IN THIS APPLICATION AND FOR PURPOSES OF DETERMINING COMPLIANCE WITH THE APPLICABLE ZONING ORDINANCE.

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(printed name of all current property owners)

\_\_\_\_\_  
(signature of all current property owners)

\_\_\_\_\_  
(date)

*Office Use Only – Do Not Fill Out Information Below this Line*

Board of Zoning Appeals  Hearing Officer

AC Planning Jurisdiction  FW Planning Jurisdiction  \_\_\_\_\_ Planning Jurisdiction

Payment Type:  Cash  Check  Credit Card

Check #/Credit Card Approval #/Cash Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Historic District:  Yes  No Floodplain:  Yes  No AOD:  Yes District: \_\_\_\_\_  No

Zoning: \_\_\_\_\_ Neighborhoods: \_\_\_\_\_

Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Petition No.: \_\_\_\_\_

