



## Zoning Certificate Application

### Utility Cable and Transmission Line / Equipment

**Fee -\$250.00**

Applicant must complete all the information requested on this form before a Certificate can be considered. It is necessary that all written information is readable. Please type or print.

\_\_\_\_\_  
Utility Property or Equipment Owners / Operators Name ( )  
Phone Number

Mailing Address\_\_\_\_\_

**2. Legal description of project:** (You may attach a copy of the description to this form) 0 See Attached

**3. Use:**  Residential  Commercial  Agricultural.  Industrial

**4. Project:**  New / Replaced Equipment  Underground Lines.  Overhead Lines  Repair / Service  
 Remove / Decommission

**5. Project / Construction Manager:**

**6. Project Location and expected work time frame:**

\_\_\_\_\_

**7. Verification and Certification that Both Utility Owner and Operator Agree to Assure Proper Maintenance During Useful Life of Equipment and Complete Removal and Restoration of Site within One Year of Decommissioning and that any and all related costs are the full responsibility of the Owner and Operator with Owner Being Primary.**

Owner Representative:

Operator Representative:

\_\_\_\_\_  
\_\_\_\_\_

**8. Certification of Owner / Operator that all Equipment Deployed and Construction Services will comply with regulations and applicable codes of the State of Minnesota:**

Owner / Operator:

Section 10, Subdivision 2, Subsection 2 of the Wilson Township Zoning Ordinance states in part: "Each applicant for a permit to construct or alter a building or use shall be accompanied by a plan drawn to scale showing the dimensions of the lot to be built upon and the size and location of the building or use and accessory buildings to be erected."

**I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be completed whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of the State of Minnesota or Local law regulations of construction or the performance of construction.**

\_\_\_\_\_  
Date Signed    Signature of Owner/ Operator, Contractor or AuthorizedAgent

Mail this completed application, its attachments and fee  
to:(make checks Payable to Wilson Township)

Below section for Wilson Township Zoning Only \_\_\_\_\_

When signed by the Administrator this becomes the applicants approved permit.

Certificate or Permit Number Assigned: \_\_\_\_\_ Fee Received \_\_\_\_\_

\_\_\_\_\_  
Date Signed

Wilson Township Zoning Administrator's Signature