



**LaSalle County
Land Use Department
119 W Madison St., Room 107, Ottawa, IL 61350**

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E. landuse@lasallecountylil.gov

Tower/Equipment Permit Application

Permit # _____

Required Attachments: Site Plan, one set of stamped civil/structural plans (11x17 max)

Site Address _____	
Property Owner _____	
Agent Information:	
Contact Name _____	
Phone _____	
Email _____	

Developer LLC and Parent Company Contact Information:	
Name _____	
Address _____	
Phone/Email _____	
Contractor Contact Information:	
Name _____	
Address _____	
Phone/Email _____	

Property PIN Number(s) (found on tax bill): _____ Township _____

Project Description: _____

Tower/Turbine Heights _____

Wind/Solar/Energy Storage Project Nameplate Capacity (rounded up to nearest MW) _____

LASALLE COUNTY TOWER/EQUIPMENT FEES:

Communication towers shall be \$25.00 per foot for a new tower and \$1,200.00 to add equipment to an existing tower.
Commercial wind/solar energy facilities shall be the lesser of \$5,000 per MW of nameplate capacity (rounded up) or \$75,000.
Commercial energy storage facilities shall be the lesser of \$5,000 per MW of nameplate capacity (rounded up) or \$50,000.
For unoccupied equipment (that includes but not limited to pipelines, railroad tracks, electric stations) shall be \$.08 per square foot not to exceed the fee of \$20,000.

TOWER/EQUIPMENT CERTIFICATION

The undersigned certifies the information contained and provided in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the LaSalle County Zoning Ordinance and any other applicable law. If permission is granted, the undersigned agrees to indemnify and keep harmless the said County of LaSalle, from any and all suits at law or in equity, damages expenses and attorney's fees, that may be sustained by the said County on account of injuries or damages sustained by any person to his person or property, occasioned in any manner by the granting of the permit requested, or by the construction, installation or maintenance of said structure/equipment.

Name of Owner/Agent (Print)

Signature of Owner/Agent

Date

FOR OFFICE USE

Inspection Date: _____

Final Date: _____

Explanation and Conditions: _____

LaSalle County Zoning Officer

Date

FEE: \$ _____
AMOUNT PAID: \$ _____
DATE PAID: _____
PAYMENT METHOD: Check Cash
 Credit Card
Check/Payment # _____
PAID BY: _____
RECEIVED BY: _____