

Village of Fowlerville

213 S. Grand Avenue
 Fowlerville, Michigan 48836
 Phone (517) 223-3771 Fax (517) 223-7435
 www.fowlerville.org



Date: _____ **Fee per: Day: \$45** UAV Permit # _____

Expiration Date: _____

UAV PERMIT – VILLAGE OF FOWLerville

Name: _____ Phone #: _____

Address: _____

Driver's License #: _____ State of Issue: _____

Insurance Provider: _____ Policy #: _____

\$1 Million Liability Insurance REQUIRED

Pilot must submit:

Color Copy of valid Driver's License/Picture ID, proof of insurance & approved MICHIGAN Drone Registration and FAA #

NOTICE TO PILOT:

**1 permit per operating UAV per event/location
 NO Deploy/Drop Payload or other items allowed**

FLIGHTS ARE PROHIBITED IN CENTENNIAL PARK, FOWLerville COMMUNITY PARK, WASTE WATER TREATMENT PLANT AND FACILITIES, POWER STATIONS AND GOVERNMENT FACILITIES.

UAV INFORMATION (Aircraft Frame, Flight Controller, Structures)

Serial Number or ID	Year	Make & Model

Specifications	
Wingspan, Length, Max Weight:	Maximum Endurance/Flight Duration: Start: _____ End: _____
Top Speed:	Primary Means of Control: Please Circle Line of Sight or Computer Guided
UAV Capability: Please Circle Auto Land Return to Home None	Power Supply: Please Circle Gasoline/Petroleum Based or Electric

BASE STATION and TRANSMITTER INFORMATION

Serial Number or ID	Year	Make & Model	Specifications

ADDITIONAL INFORMATION

Has named pilot ever had any UAV incidents, accidents, or violations: Yes No

If Yes, please explain:

Has named pilot ever had insurance denied or cancelled: Yes No

If Yes, please explain:

Detailed explanation of all anticipated uses during flight:

Detailed formal safety program and procedure in place:

Have you ever been convicted of crime: Yes No

If Yes, Please Circle: Felony Misdemeanor Local Municipal Ordinance

Number of Offenses: _____ Nature of Offense: _____

Punishment or Penalty: _____

Background check is required.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Police Department Official: _____ Date: _____

Police Department Recommendation: **Approved or Denied**

Village Official: _____ Fee paid: _____ Date Fee Paid: _____