

Grant County Conservation, Sanitation & Zoning Dept.
150 W Alona Ln, Lancaster WI 53813
608-723-6080

MOBILE TOWER SITING ZONING PERMIT APPLICATION (Please check your current zoning prior to starting any project)

THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE ISSUED

Property Owner(s) Name: _____ Phone Number: _____

Mailing Address: _____

Property Address if different: _____

Email: _____

DESCRIBE WORK TO BE DONE

Type of structure(s): _____

Tower Dimensions

Builder Name: _____

Height: _____ Length: _____ Width: _____ Area Sq. Ft: _____ Phone Number: _____

☐ REQUEST FOR FIRE NUMBER ☐ NA *Identify the name and phone number of the utilities serving the property*

Electric Company: _____ Sewer & Water Utility: _____

Phone Number: _____ Phone Number: _____ ☐ Private Sewer & Water

Private Alarm Company: _____ Phone Number: _____

FEE SCHEDULE: New Mobile Service & Class 1 Collocation - \$3000 / Class 2 Collocation - \$500

FEE ENCLOSED: \$ _____

Disclaimers

I/WE THE UNDERSIGN ACKNOWLEDGE ARE THE OWNER(S) OF THE PROPERTY AND ARE APPLYING FOR A ZONING PERMIT TO THE GRANT COUNTY CONSERVATION, SANITATION & ZONING DEPT. FOR THE PROPOSED WORK DESCRIBED AND LOCATED ON THE PROPERTY DESCRIBED HEREIN. I/WE THE UNDERSIGN ACKNOWLEDGE THAT BY MAKING THIS APPLICATION WE ARE RESPONSIBLE FOR ALL WORK/IMPROVEMENTS (DESCRIBED IN THIS APPLICATION & PLOT PLAN) TO BE DONE IN ACCORDANCE WITH THE REQUIREMENTS OF THE GRANT COUNTY COMPREHENSIVE ZONING ORDINANCE AND ALL OTHER APPLICABLE TOWNSHIP AND COUNTY ORDINANCES AND THE LAWS OF THE STATE OF WISCONSIN. I/WE THE UNDERSIGN ACKNOWLEDGE TO BE RESPONSIBLE FOR CONTACTING THE GRANT COUNTY CONSERVATION, SANITATION & ZONING DEPT. FOR EACH REQUIRED INSPECTIONS AS DIRECTED BY THE ZONING ADMINISTRATOR OR ZONING TECHNICIAN.

ACCORDING TO 2009 WISCONSIN ACT 373, NO PERMIT MAY BE ISSUED UNTIL THE PROPERTY OWNER SIGNS THE STATEMENT BELOW ACKNOWLEDGING THAT THEY HAVE RECEIVED THE FOLLOWING NOTICE:

YOU ARE RESPONSIBLE FOR COMPLYING WITH STATE AND FEDERAL LAWS CONCERNING CONSTRUCTION NEAR OR ON WETLANDS, LAKES, AND STREAMS. WETLANDS THAT ARE NOT ASSOCIATED WITH OPEN WATER CAN BE DIFFICULT TO IDENTIFY. FAILURE TO COMPLY MAY RESULT IN REMOVAL OR MODIFICATION OF CONSTRUCTION THAT VIOLATES THE LAW OR OTHER PENALTIES OR COSTS. FOR MORE INFORMATION, VISIT THE DEPARTMENT OF NATURAL RESOURCES WETLANDS IDENTIFICATION WEB PAGE at <http://dnr.wi.gov/topic/Wetlands/identification.html> OR CONTACT THE DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER.

BY SIGNING THIS, I GRANT CONSENT FOR CSZD STAFF TO ENTER UPON APPLICANT'S PROPERTY PURSUANT TO THE GRANT COUNTY COMPREHENSIVE ZONING ORDINANCE. I ALSO ACKNOWLEDGE I HAVE RECEIVED THIS NOTICE AND HAVE REVIEWED THE ENTIRE PERMIT.

FAILURE TO COMPLY WITH THESE REQUIREMENTS IS A VIOLATION OF THE GRANT COUNTY COMPREHENSIVE ZONING & MOBILE TOWER SITING ORDINANCE.

Name: _____

Signature: _____ Date: _____

X – Coordinates	Y – Coordinates	Assigned Fire Number	<input type="checkbox"/> Town Notified
------------------------	------------------------	----------------------	--

[illegible]

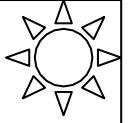
Parcel Sketch

Please provide a drawing showing the distances in feet from all property lines, road or highway center line, septic tank, drain field, well, and also show the driveway coming off of the public road to the improvements.

Draw the structure/improvement being applied for in this sketch and its distance from existing structures (label) on your property.

Please call the CSZD for Road and Property line setbacks Indicate approximate North direction by filling in the triangle

Rear Lot Line



Front Lot Line

Road Center Line

