

IOWA COUNTY OFFICE OF PLANNING & DEVELOPMENT

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Mobile Tower Siting Permit Application

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE TO FACILITATE A SHORTER REVIEW PERIOD

Applicant: _____ **Phone:** _____

Address: _____

Email: _____ **Please contact by:** ___email ___postal mail

Property Owner: _____

Address: _____

Facility Owner: _____

Address: _____

Description for proposed project site:

Section ___ Town ___N Range ___E Qtr ___ of the Qtr ___

Town of _____ Parcel number _____

Site address _____

This application is for a proposed:

new tower/facility Class I Collocation Class II Collocation

a. If the application is to substantially modify an existing support structure, a construction plan which describes the proposed modifications to the support structure and the equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment associated with the proposed modifications.

b. If the application is to construct a new mobile service support structure, a construction plan which describes the proposed mobile service support structure and the equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment to be placed on or around the new mobile service support structure.

c. If an application is to construct a new mobile service support structure, an explanation as to why the applicant chose the proposed location and why the applicant did not choose collocation, including a sworn statement from an individual who has responsibility over the placement of the mobile service support structure attesting that collocation within the applicant's search ring would not result in the same mobile service functionality, coverage, and capacity; is technically infeasible; or is economically burdensome to the mobile service provider.

Fees: payable to Iowa County Planning & Development

- a) \$3,000 for new support structure and facilities
- b) \$3,000 for Class I Collocation
- c) \$500 for Class II Collocation

The undersigned certifies that the above information is true, correct, and complete and assumes authorization to make this application:

Applicant's signature: _____ **Date:** _____

The application will be reviewed for completeness within 10 days of receipt of this application and reviewed against the provisions of the Iowa County Mobile Tower Siting Permit Ordinance. Said ordinance is available from this office and can be found at www.iowacounty.org If any discrepancy is found between the information requested by this application and said ordinance, the ordinance provisions shall control.

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OFFICE USE ONLY

Received by _____ Date _____ Receipt _____ Date Complete _____

Approved _____ Disapproved _____ Date _____

Explanation for denial _____