

# WALWORTH COUNTY – MOBILE TOWER ZONING PERMIT APPLICATION

Please read and complete the following to help Walworth County expedite your permit application. Instructions are located on the back page to assist you in completing this application.

√ **IF THE ZONING OFFICE HAS QUESTIONS REGARDING THE PERMIT APPLICATION, PLEASE CONTACT: (print)\_\_\_\_\_ VIA:**

**PHONE NUMBER:** (\_\_\_\_\_)\_\_\_\_\_

**FAX NUMBER:** (\_\_\_\_\_)\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

√ **WHEN THE PERMIT IS READY TO BE ISSUED, PLEASE PROCESS THE APPROVED PERMIT BY:**

**MAIL**

PLEASE MAIL TO: (Include full name and address)

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

**WILL PICK UP**

CALL (MR/MS.) \_\_\_\_\_

AT (\_\_\_\_\_)\_\_\_\_\_

TO NOTIFY THEM THAT THE ZONING PERMIT IS READY TO BE PICKED UP. THE PERMIT WILL BE AT THE FRONT COUNTER FOR ONE WEEK AND THEN WILL BE MAILED.

WALWORTH COUNTY LAND USE AND RESOURCE MANAGEMENT DEPARTMENT  
100 W. WALWORTH ST., P.O. BOX 1001, ELKHORN, WI 53121 PHONE #262-741-4972 FAX#262-741-4974

**Refunds only  
when applicable**

<b>ZONING PERMIT NUMBER</b>	<b>WALWORTH COUNTY</b>		<b>TAX KEY NUMBER(S)</b>	
<b>SANITARY PERMIT NUMBER</b>	<b>MOBILE TOWER</b>			
<b>EROSION CONTROL NUMBER</b>	<b>ZONING PERMIT</b>		<b>TOWNSHIP OF:</b>	
	<b>APPLICATION</b>			
<b>PROPERTY OWNERS NAME</b>	<b>MAILING ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX NO.</b>	
<b>PROJECT ADDRESS:</b> (If Different Than Above)				
<b>APPLICANT NAME</b>	<b>MAILING ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX NO.</b>	
<b>TOWER OWNER</b>	<b>MAILING ADDRESS</b>	<b>TELEPHONE NO.</b>	<b>FAX NO.</b>	
<b>1. SITE</b>		<b>SECTION _____, T _____ N, R _____ E.</b>		
<b>LEASE WIDTH</b>	<b>LEASE DEPTH</b>	<b>LEASE AREA</b>	<b>SUBDIVISION/MINOR SUBDIVISION NAME</b>	<b>LOT NO.</b>
				<b>BLOCK NO.</b>
<b>2. PROJECT</b>		<b>3. DESCRIPTION</b>		<b>4. HEIGHT</b>
<b>PLEASE MARK ALL THAT APPLY</b> <input type="checkbox"/> NEW TOWER <input type="checkbox"/> CLASS I CO-LOCATION <input type="checkbox"/> CLASS II CO-LOCATION <input type="checkbox"/> OTHER _____ _____ _____		<b>A. BUILDING/EQUIPMENT SHELTER</b> <b>Construction Size/Dimensions</b> ( _____ ft.) X ( _____ ft.) ( _____ ft.) X ( _____ ft.) <b>B. Total Square Footage</b> ( _____ ), ( _____ ) <b>C. MISC</b> _____ _____ _____		<b>TOWER _____ FEET _____ INCHES</b>  <b>COLLOCATE _____ FEET _____ INCHES</b>  <b>BUILDING _____ FEET _____ INCHES</b> Building Height is the vertical distance measured from the lowest finished grade along the street yard elevation of the structure to the ridge of the highest roofline of the structure.
<b>5. ESTIMATED COST</b>		<b>6. FLOODPLAIN INFORMATION</b>		
TOTAL \$ _____		100 YEAR FLOODPLAIN ELEVATION _____ LOWEST FLOOR ELEVATION _____ FLOODPLAIN SETBACK _____ FEET FROM BUILDING FOUNDATION TO 100 YEAR FLOODPLAIN		
<b>7. TOWER CONTACT INDIVIDUAL</b>			<b>8. CO-LOCATION</b>	
<b>NAME:</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>MAILING ADDRESS:</b> _____ <b>PHONE NUMBER:</b> ( _____ ) _____			<b>NUMBER OF CO-LOCATION USERS</b> _____ <b>NUMBER OF CO-LOCATION AVAILABLE</b> _____ <b>TOTAL NUMBER OF CO-LOCATION SPACES</b> _____	
<b>9. LICENSES</b>				
<b>FCC LICENSE NUMBER:</b> _____ <b>REGISTRATION NUMBER:</b> _____ The owner agrees to comply with the Walworth County Code of Ordinances Chapter 74 and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.				
<b>SIGNATURE OF APPLICANT</b> _____ <b>DATE</b> _____				
<b>TRANSFERABILITY.</b> Permits granted under this chapter go with the land and are transferable. The department shall be notified of any change in ownership including but not limited to, facility leases, mortgages, liens or other instruments which may affect title to the property.				
<b>WALWORTH COUNTY LAND USE AND RESOURCE MANAGEMENT DEPARTMENT</b> 100 W. Walworth St., ELKHORN, WISCONSIN 53121 PHONE # 262-741-4972 OR FAX # 262-741-4974				

# CONDITIONS OF APPROVAL

This permit is issued subject to any Federal, State or Local restrictions. Each applicant for a zoning permit is charged with knowledge of the Walworth County Code of Ordinances. Copies of the text of the Zoning or Mobile Tower Ordinance or portions thereof and copies of the official zoning maps are available for sale, copying or inspection upon request. Any statement made, site plan submitted, assurance given or permit erroneously issued contrary to the Ordinances is null and void. Any modification of approved permit requires zoning permit review and approval.

- This permit shall require the submittal of a foundation survey prepared by a Registered Land Surveyor, to the Zoning Department within 30 days of backfilling.
- In lieu of the survey as required above, the owner is eligible to complete the inspection waiver form in the same time frame.
- This permit shall require the applicant to call the Zoning Division at 262-741-7908 for an inspection to assure compliance with the setback requirements of Zoning. The applicant shall call the Zoning Division immediately upon backfilling the foundation. Lot boundaries shall be clearly identified for inspection.
- This permit is not valid until all other applicable permits have been obtained

OKAY TO ISSUE

PERMIT REVIEWED BY THE WALWORTH COUNTY ZONING DIVISION

REVIEW DATE: \_\_\_\_\_

ISSUING OFFICER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

\*\* FOR OFFICE USE ONLY \*\*

FEE \_\_\_\_\_

DOUBLE FEE \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

EROSION CONTROL APPLICATION TO LCC \_\_\_\_\_

RETURNED TO ZONING \_\_\_\_\_

ZONING DISTRICT(S) \_\_\_\_\_

NOT IN SHORELAND

IN SHORELAND

PERMIT DENIED BY WALWORTH COUNTY ZONING DIVISION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ORDINANCE REQUIRES: \_\_\_\_\_

APPLICANT IS REQUESTING: \_\_\_\_\_

# INSTRUCTIONS

A zoning permit is required for the siting and construction of any new mobile service support structure and facilities, the substantial modification of an existing support structure and mobile service facilities (Class 1 co-location) and Class 2 Co-location.

- a. New mobile service support structure and facilities means a freestanding structure that is designed to support a mobile service facility and the set of equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and associated equipment, that is necessary to provide mobile service to a discrete geographic area.
- b. Class 1 Co-location means the placement of a new mobile service facility on an existing support structure such that the owner of the facility does not need to construct a free standing support structure for the facility or engage in substantial modification.
- c. Class 2 co-location means the placement of a new mobile service facility on an existing support structure such that the owner of the facility does not need to construct a free standing support structure for the facility or engage in substantial modification.

The application must contain the following information, if applicable:

- a. The name, business address, phone number, e-mail address, facsimile number of the applicant and the contact individual.
- b. The location of the proposed or affected support structure.
- c. The location of the proposed mobile service facility.
- d. 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.
- d. 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 collocations, 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.
- e. 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 the network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment associated with the proposed modifications.
- g. Federal Communications Commission (FCC) license number and registration numbers, if applicable.
- h. Copies of finding of no significant impacts (FONSI) statement from the Federal Communication Commission, if applicable.
- i. Copies of determination of no hazard from the Federal Aviation Administration (FAA) including any aeronautical study determination or other findings, if applicable.
- j. Plans indicating security measures( i.e. fencing, lighting, etc).
- k. A report prepared by an engineer licensed by the State of Wisconsin certifying the structural design of the tower and its ability to accommodate additional antennas.
- l. Copies of an Affidavit of Notification indicating that all operators and owners of airports located within ½ mile radius from heliports, 1 miles from private airport runways, or 3 mile radius from public use airport runways, have been notified via certified mail, if applicable.
- m. Proof of Bond as surety for removal, in accordance with 64.36.  
64.36. Security for removal. The Mobile service support structure shall provide to the county, prior to issuance of a zoning permit, a performance bond in the amount of \$20,000.00 or a bond equal to a written estimate from a qualified tower removal contractor to guarantee that the structure will be removed when no longer in operation. The county will be named as the obligee in the bond and must approve the bonding company.