

APPLICATION FOR TELECOMMUNICATION TOWER AND/OR SUPPORT FACILITY

TO THE ZONING ADMINISTRATOR. The undersigned hereby makes application for a TELECOMMUNICATION TOWER AND/OR SUPPORT FACILITY PERMIT for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Door County Telecommunication Tower Ordinance.

1. APPLICANT NAME AND MAILING ADDRESS

Company Name _____
 Contact _____
 No. _____ Street _____
 City _____ State _____ Zip _____
 Phone # _____ - _____ - _____

2. BUILDING SITE LOCATION

Fire # _____ Road _____
 Town of _____
 Local Phone # _____ - _____ - _____

3. PROPERTY OWNER NAME - MAILING ADDRESS

Name _____
 No. _____ Street _____
 City _____ State _____ Zip _____
 Phone # _____ - _____ - _____

4. PROPERTY IDENTIFICATION

Parcel No. _____ - _____ - _____
 or
 _____ Copy of Deed (attached) or
 _____ Legal Description (attached) or
 _____ Other (specify) _____

5. PROPOSED USE

_____ Telecommunication Tower
 _____ Support Facility
 _____ Co-location

6. BUILDING PLANS

(For requirements, see attached form)

7. SITE PLAN

(For requirements see attached form)

8. LEASE AGREEMENT

(Per Sec. 4.02(3) - Tower Ordinance)

9. ALTERNATIVE ANALYSIS - Review Fee

(Per Sec. 4.02(4) - Tower Ordinance)

10. REPORT BY ENGINEER

(Per Sec. 4.02(5) - Tower Ordinance)

11. AFFADIVIT

(Per Sec. 4.02(6) - Tower Ordinance)

12. WAIVER

(Per Sec. 4.02(7) - Tower Ordinance)

13. FEE

Make check payable to the Door County Treasurer.
 Telecommunication Tower \$500.00
 Support Facility No Fee

14. AUTHORIZATION FOR INSPECTION

I hereby authorize the Zoning Administrator(s) to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

15. SIGNATURE OF APPLICANT/AGENT

 Date _____

(FOR OFFICE USE ONLY)
 Zoning District _____

Inspections:

Date	Inspector	Remarks

Permit Issued: (by) _____ (date) _____ (for) _____

(w/conditions) _____

Permit Denied (by) _____ (date) _____ for the following reasons: _____

Receipt No. _____ Fee _____ Date _____
 Date Permit Issued: _____
 Certificate of Compliance: Date _____
 Floodplain Zoning Permit: Date _____

TOWN OF: _____
 OWNER: _____
 SECTION _____ T _____ N, R _____ E
 PARCEL NO.: 0 _____ - _____ - _____