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## TOWN OF PLOVER TELECOMMUNICATIONS FACILITY CONDITIONAL USE PERMIT APPLICATION

**Telecommunications Facility Fees:**

Conditional Use Permit -\$1000

Compliance Review - \$350

**BELOW ARE ITEMS REQUIRED BY SEC. 3.15 TO BE SUBMITTED AT THE TIME A CONDITIONAL USE PERMIT IS REQUESTED FOR A PROPOSED TELECOMMUNICATION FACILITY IN THE TOWN. PLEASE FILL IN THE BLANKS WHERE NECESSARY. ALL INFORMATION MUST BE INCLUDED PRIOR TO THE TOWN PLAN COMMISSION AND TOWN BOARD CONSIDERING THIS REQUEST.**

1. LEGAL DESCRIPTION OF FACILITY SITE: \_\_\_\_\_  
\_\_\_\_\_

2. PROVIDE A PLAT OF SURVEY SHOWING THE PARCEL BOUNDARIES, LEASE BOUNDARIES, TOWER, ACCESSORY STRUCTURES, ANCILLARY FACILITIES, LOCATION, ACCESS, LANDSCAPING AND FENCING.

3. PROVIDE ORIGINAL SIGNATURE OF THE APPLICANT, LANDOWNER, LESSES AND HOLDERS OF EASEMENTS. THE IDENTITY OF THE CARRIER, SERVICE PROVIDER, APPLICANT, LANDOWNER AND THEIR LEGAL STATUS. THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICER, AGEND OR EMPLOYEE RESPONISBLE FOR THE APPLICATION.

CARRIER: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
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SERVICE PROVIDER: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
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APPLICANT: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
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LANDOWNER: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
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4. DESCRIPTION OF TELECOMMUNICATIONS SERVICES THAT THE APPLICANT OFFERS/PROVIDES:

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5. IN THE CASE OF A LEASED SITE, A LEASE AGREEMENT OR BINDING LEASE MEMORANDUM WHICH SHOWS ON ITS FACE THAT IT DOESN OT PRECLUDE THE FACILITY OWNER FROM ENTERING INTO LEASES ON THE TOWER WITH OTHER PROVIDER(S) AND THE LEGAL DESCRIPTION AND AMOUNT OF PROEPRTY LEASED.

6. PROPOSED TOWER'S HEIGHT: \_\_\_\_\_

PROPOSED TOWER'S CAPACITY: \_\_\_\_\_

POTENTIAL NUMBER AND TYPE OF ANTENNAS AND CARRIERS/PROVIDERS THAT TOWER CAN ACCOMMODATE: \_\_\_\_\_

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7. LOCATION OF ALL SITES THAT WERE CONSIDERED AS POSSIBLE ALTERNATIVES TO THE SITE BEING APPLIED FOR, INCLUDING EXISTING STRUCTURES AND TOWERS, AND THE REASONS FOR RECOMMENDING THE CURRENT SITE.

8. PHOTO SIMULATIONS OF THE PROPOSED FACILITY FROM POINTS OF INTERST AS IDENTIFIED BY THE ZONING ADMINISTRATOR. A PHOT SIMULATION SHALL BE NO SMALLER THAN 8 INCHES BY 10 INCHES.

9. A TABULAR AND MAP INVENTORY OF ALL THE APPLICANT'S EXISTING TELECOMMUNCATIONS FACILITES LOCATED WITHIN THE TOWN AND INCLUDING ALL OF THE APPLICANTS' EXISTING TELECOMMUNICATIONS FACILITES WITHIN 3 MILES OF THE TOWN MUNICIPAL BOUNDARY.

10. FCC LICENSE NUMBERS AND REGISTRATION NUMBERS, IF APPLICABLE.

FCC LICENSE NUMBERS: \_\_\_\_\_

REGISTRATION NUMBERS: \_\_\_\_\_

11. COPIES OF FINDING OF NO SIGNIFICANT IMPACTS (FONSI) STATEMENT FROM THE FCC OR ENVIRONMENTAL IMPACT STUDY (EIS), IF APPLICABLE.

12. COPIES OF THE DETERMINATION OF NO HAZARD FORM THE FAA INCLUDING ANY AERONAUTICAL STUDY DETERMINATION OR OTHER FINDINGS FROM THE WISCONSIN DEPARTMENT OF TRANSPORTATION BUREAU OF AERONAUTICS, IF APPLICABLE.

13. A REPORT PREPARED BY A STRUCTURAL ENGINEER LICENSED BY THE STATE OF WISCONSIN CERTIFYING THE STRUCTURAL DESIGN OF THE TOWER AND ITS ABILITY TO ACCOMMODATE AT LEAST THREE ADDITIONAL ANTENNAS.

14. PROOF OF LIABILITY COVERAGE. THE TOWN OF PLOVER SHALL BE A CERTIFICATE HOLDER IN THIS POLICY.

15. PROOF OF FINANCIAL SECURITY FOR TOWER REMOVAL SAS DEFINED IN SECTION 94.124.1 (9) (B).

16. SUCH OTHER INFORMATION AS THE PLAN COMMISSION OR THE TOWN BOARD MAY DEEM NECESSARY.

17. A NARRATIVE DEMONSTRATING HOW THE APPLICANT HAS COMPLIED WITH THE REQUIREMENTS FOR THE TELECOMMUNICATIONS FACILITY CONDITIONAL USE PERMIT.

**PLEASE NOTE WHY ANY OF THE ABOVE HAVE NOT BEEN ENCLOSED AT TIME OF SUBMITTAL:**

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I hereby depose and say that all the above statements and all accompanying statements and drawings are correct and true.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**Applicant attendance at this hearing is not mandatory, but is strongly recommended.**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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Forwarded to the Town Plan Commission Date: \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Recommendation of the Town Plan Commission: \_\_\_\_\_

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**NOTE: This is only a recommendation. It requires action by the Town Board to become effective.**

Submitted to the Town Board Date: \_\_\_\_\_

Special Use: (Granted / Denied)

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Town Chairman