

Town of West Bend - Washington County, Wisconsin
APPLICATION for MOBILE SERVICE SUPPORT STRUCTURE AND FACILITY

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Name of Mobile Tower Owner: _____

Contact name and title: _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: (if different than Property Owner) _____

Tax Key # _____ Current Zoning: _____

Property is currently used for the following purposes: _____

Requirements:

1. 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.
2. 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.
3. If the 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

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would not result in the same mobile service functionality, coverage, and capacity; is technically infeasible; or is economically burdensome to the mobile service provider.

Application Fee:

For Class 2 Collocation:

(must be lesser of \$500 or current fee for commercial building permit)

For New Construction or Substantial Modification of Facilities and Support Structures:

(\$3,000.00)

Check Number: _____

Amount: _____

Applicant Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____