



OFFICE USE ONLY:

Date Received: _____ Permit #: _____
 Parcel #: _____ Zoning District: _____

CLASS 2 COLLOCATION MOBILE TOWER SITING PERMIT APPLICATION

Application Fee: \$100

Mobile Tower Siting Regulations may be found in ARTICLE XXIV of the Town of Rome Zoning Ordinance. See, §§ 360-108 to 360-118 for specific requirements for new Mobile Service Support Structures/Facilities, Class 1 Collocations, and Class 2 Collocations.

PLEASE NOTE: This Permit Application form is for Class 2 Collocation requests only (not requiring a substantial modification). “Substantial Modification” is defined as:

- a) For structures with an overall height of 200 feet or less, increases the overall height of the structure by more than 20 feet, except as provided below.
- b) For structures with an overall height of more than 200 feet, increases the overall height of the structure by 10 percent or more, except as provided below.
- c) Measured at the level of the appurtenance added to the structure as a result of the modification, increases the width of the support structure by 20 feet or more, unless a larger area is necessary for collocation, except as provided below.
- d) Increases in the square footage of an existing equipment compound to a total area of more than 2,500 square feet.
- e) An activity is not a substantial modification under subs. (a) and (b) above, if a greater height is necessary to avoid interference with an existing antenna. Furthermore, an activity is not a substantial modification under sub. (c) above, if a greater protrusion is necessary to shelter the antenna from inclement weather or to connect the antenna to the existing structure by cable.

If your application is for a new Mobile Service Support Structures/Facilities or a Class 1 Collocation (requiring a substantial modification), please use the appropriate Mobile Tower Siting Permit Application.

SECTION 1: PROPERTY OWNER(S) INFORMATION	
Name of Property Owner:	
Mailing Address (Street Address, City, State, Zip code):	Telephone Number:

SECTION 2: APPLICANT INFORMATION (if other than Owner)	
Applicant Type (check, if applicable): ___ Architect ___ Engineer ___ Surveyor ___ Agent/Other _____	
Company Name:	Contact Name:
Business Address (Street Address, City, State, Zip code):	
Telephone Number:	E-Mail:

SECTION 3: FACILITY OWNER INFORMATION & STRUCTURE INFORMATION	
Facility Owner/Agent:	Telephone Number:
E-Mail:	Fax:
Mailing Address (Street Address, City, State, Zip code):	
FCC License Number:	FCC Registration Number:

SECTION 4: SITE PLAN & PROJECT SPECIFICS	
Site Address of Proposed/Affected Mobile Service Facility Support Structure (Street Address, City, State, Zip code):	
Tax Parcel Number(s) (List all Parcel No.(s) for proposed location):	
Current Zoning:	Current Land Use:
Provide a description of the work (Describe the work to be done as part of the collocation, including explanation of the tower and/or expansion of compound area): _____ _____ _____ _____ _____	
Is the subject property currently in violation of the Town's zoning ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
Are there any unpaid taxes, assessments, special charges or other required payments that are specifically related to the subject property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	

ADDITIONAL APPLICATION SUBMITTAL REQUIREMENTS

Site Plan: Two (2) copies of a site plan drawn to-scale (not greater than 1 in. = 200 ft.) showing the location of the proposed or affected support structure and the following:

- a. The location of each proposed or affected support structure, parking area(s) driveway, and other improvements on the lot with the distance from each lot line indicated;
- b. The location of the proposed mobile service facility;
- c. The location of the minimum setback lines;
- d. The location of all nonparticipating dwelling units and the distance from each proposed or affected support structure indicated;
- e. The location of existing public and private roads and highways adjacent to the lot.

** The Town of Rome reserves the right to request additional information from the applicant in order to process the application in accord with Town ordinances. The Applicant is subject to compliance with all applicable Town of Rome ordinances.*

SIGNATURE AND CERTIFICATE

I, the undersigned, hereby make application for a Mobile Tower Siting Class 2 Collocation and certify that all the information and attachments herein are complete, true and correct to the best of my knowledge and I acknowledge that this information will be relied upon for the issuance of this permit. I further agree to submit additional information as may be required by the Town of Rome. The below-signed agrees that all work shall be done in accordance with the requirements of the Town of Rome Zoning Ordinance, along with all other applicable town ordinances and the applicable laws and regulations of Adams County and the State of Wisconsin. By signing this application, I am granting permission to the Town of Rome, its staff or agents to enter my property for the purpose of inspection to assure the project's compliance with the laws relative to the issuance of this permit (*including construction, operation and/or maintenance*).

Signature (*Owner or Owner's Agent*)

Date

Applicant Signature (*if other than Owner/Agent*)

Date