



Town of Grand Rapids

2410 48th Street South
 Wisconsin Rapids, WI 54494
 Ph: (715) 424-1821 • Fax: (715) 424-0688

Zoning Permit Application

\$50 Application Fee (\$125 for Mobile Tower Siting)
 (no fee where building permit is also required)

For Office Use Only

Date:	Parcel #:	Zoning District:	Application Fee:	Permit #:
			Application Fee Paid? (Y/N): _____	Required to go to Plan Commission? (Y/N): _____

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES)

Applicant Information:

Applicant Name: John Peterson, Agent of T-Mobile	Address, City, State and Zip: 1S660 Midwest Road, Suite 308, Oakbrook Terrace, IL 60181	Phone Number: 815-671-3754
Owner Name (if Different from Applicant): Tower Owner: Array (Formerly USC)	Owner Address, City, State, and Zip (if applicable): 500 West Madison, Suite 810, Chicago, IL 60661	Owner Phone Number (If applicable): 708-715-7502

Property Information:

Location Address, City, State, and Zip: 2710 64TH STREET SOUTH WISCONSIN RAPIDS, WI 54494		
Parcel Size: (in Acres or Sq. Ft.): 40 Acres	Corner Lot? ____ yes ____ no	Existing Road Access? <input checked="" type="checkbox"/> yes ____ no
Current Use: Forressted and Existing Telecommunications Tower with T-Mobile as a tenant		
Proposed Use: Use stays the same; Swapping out equipment and adding new equipment. Tower height and ground footprint remain the same.		
Neighboring Uses: Residential		
Describe On-Site Parking: Easement to existing telecommunications tower		
Describe Existing or Proposed Fencing/Screening: Existing 91-6' x90-7' Fenced compound.		

Planned Construction/Site Improvements:

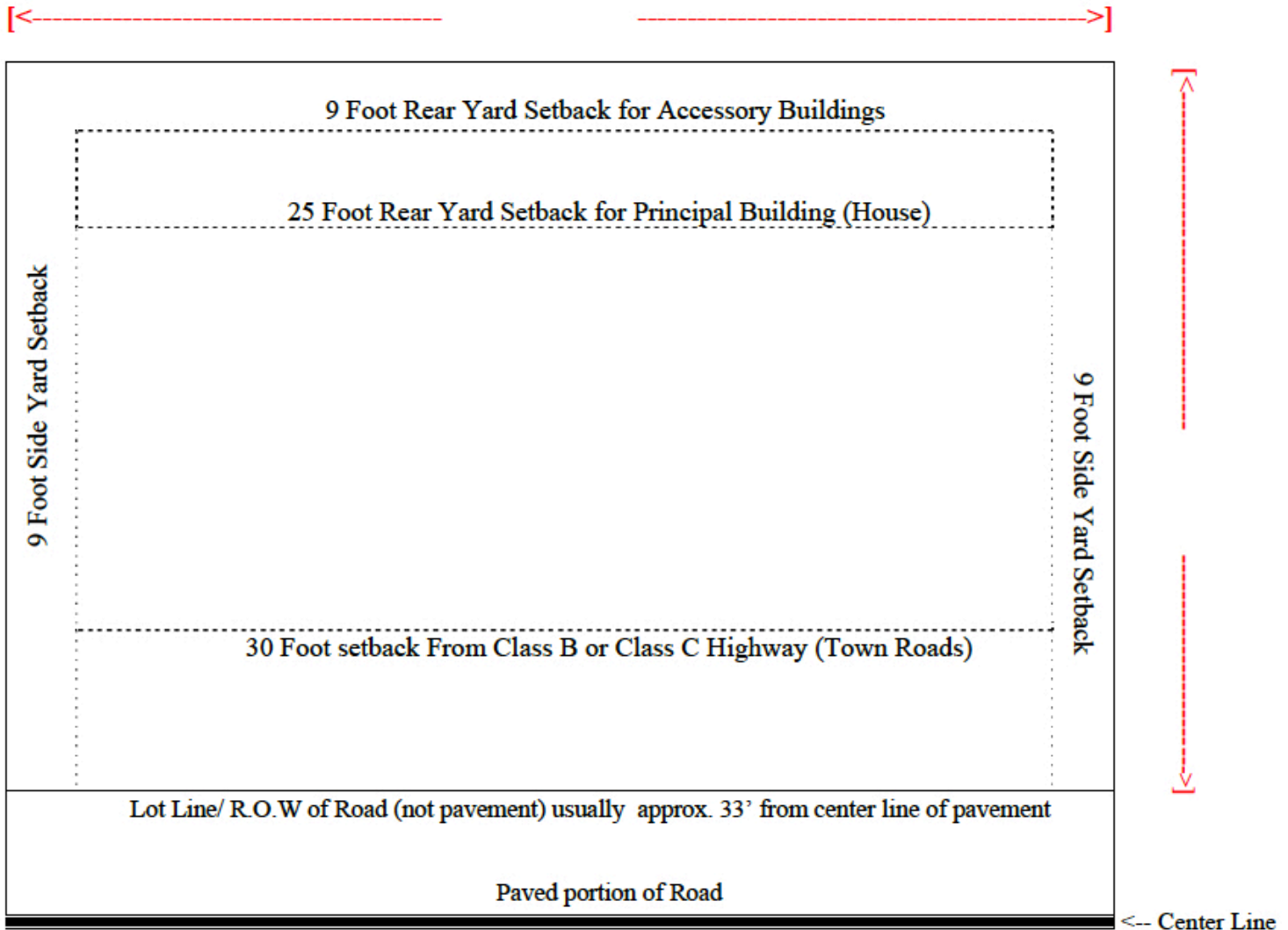
Existing Structures on Parcel: Telecommunciations Tower	Proposed Structures: No New Strcutres. Swapping out equipment
List Site Improvements Planned: Swapping out tower equipment and ground equipment on existing platform	
Building Description: Width: <u>8</u> Length: <u>8</u> Area: <u>64</u> Sq. Ft. No. of Bathrooms: _____ Existing Platform Height: _____ No. of Stories _____ No. of Bedrooms: _____	
Type of Construction (Frame, Masonry, Manufactured, Pole, etc.): Steel	
Are Building Alterations planned? <input checked="" type="checkbox"/> yes ____ no (if yes, attach site plan and floor plans) Are Additions planned? ____ yes ____ no (if yes, attach site plan and floor plans)	
If you answered "yes" to either of the above, please complete the following questions:	
Are building alterations or additions proposed within the building setback area? ____ yes ____ no (if yes, include specific setback measurement showing distance from center of road)	
Are building alterations or additions proposed to an accessory structure which exceeds the height regulations of the applicable district? ____ yes ____ no	
NA; Zoned when tower was built. No change in ground footprint.	

Operational Information (where applicable):

Hours of Operation:	Number of Employees:
Traffic Generation:	Additional Waste Generated?

PLOT PLAN

*Applicant shall check property Certified Survey Map (CSM) to certify exact dimensions



I certify that I have read this application and state that the above information is correct and that I am the owner or authorized by the owner. I understand that I am subject to all applicable codes, statutes and ordinances or homeowner's association restrictions, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality. I expressly grant permission to the Zoning Administrator and Plan Commission members, as individuals, or as a quorum to visit the property in order to gather evidence to aid in their decision. I understand that I or my Agent must be present at the Plan Commission meeting at which the permit is considered.

Applicant (Sign): John Peterson Print: John Peterson Date: 8/22/2025