

**MONONA COUNTY APPLICATION FOR
PLACEMENT OF TELECOMMUNICATIONS TOWER
PERMIT**

Permit #: _____	Date Filed: _____
Filing Fee: \$200.00 – Made payable to: Monona County Treasurer	

Property Owner Information

Applicant Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Telephone: _____ Cell: _____

Applicant Information

Applicant Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Telephone: _____ Cell: _____

Address affected by Telecommunications Tower Permit:

Address: _____ City: _____ St: _____ Zip: _____
Section: _____ Township: _____ Range: _____
Zoning District: _____

Has any previous application or appeal been filed in connection with these premises?

YES _____ NO _____

What is the applicant's interest in the premises affected

What is the approximate cost of the work involved _____

State the reason if a special exception for additional tower height is requested:

Please include the following attachments:

1. Plot Plan
2. List of property owners within 500 feet of the exterior limits of the property involved in this application, with addresses of same. (Zoning Officer may require abstractor's plat).
3. Requirements of Monona County Telecommunications Towers & Antennas Ordinance #9

Remarks

Members of the Boards and Zoning Officer may stop and view the property where the telecommunications tower permit is requested. Filing this application will be considered permission for them to enter the property.

Signature of Property Owner

Signature of Applicant

Date

Date

FOR OFFICE USE ONLY

Date Received by Zoning Administrator:

Signature of Zoning Administrator

Date

Date recommended by Planning & Zoning Commission:

Signature of Planning & Zoning Comm. Chairman

Date

Date approved by Board of Adjustments (if required):

Signature of Board of Adjustment Chairman

Date

Date approved by Board of Supervisors (if required):

Signature of Board of Supervisor Chairman

Date

Date & Signature of final approval of permit:

Zoning Administrator

Date