Town of Winchester, County of Winnebago, State of Wisconsin APPLICATION for MOBILE SERVICE SUPPORT STRUCTURE AND FACILITY

This Application form must be completed in full and include a paid Application Fee before it will be accepted for review by the Town of Winchester.

Date:
Owner Name:
Address:
Phone: Email:
Applicant Name (if different from Owner):
Phone: Email:
Property Address (if different from Owner address):
Location of Property: ¼ ¼, Section, Tax Parcel #
Acreage:
Current Zoning (check one): A-1 A-2 R-1 R-2 R-3 R-4 R-8
M-1 B-1 B-2 B-3 I-1 I-2 PDD TRO

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

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responsibility over the placement of the mobile service support structure attesting that collocation within the applicant's search ring 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)

Application for New Construction or Substantial Modification of Facilities and Support Structures: (\$3.000.00)

(\$3,000.00)	
	Check Number:
	Total Amount:
Applicant Signature:	
Date:	