

**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**