

Monona County Zoning 610 Iowa Avenue, Onawa, Iowa Office - 712-433-3400 Fax - 712-433-9502

mocoenvr@mononacounty.org www.mononacounty.org

APPLICATION FOR PLACEMENT OF TELECOMMUNICATIONS TOWER PERMIT

Permit #:	Date F	Filed:		
Filing Fee: \$200.00 -	- Made payable to: Monona C			
Property Owner Infor	<u>rmation</u>			
Applicant Name:				
Address:	City:	St:	Zip:	
Telephone:	Cell:			
Applicant Information	<u>n</u>			
Applicant Name:				
Address:	City:	St:	Zip:	
Telephone:	Cell:			
	Felecommunications Tower Pe			
Address:	City:	St:	Zip:	_
	Township: Rar	nge:		
Zoning District:				
YESNO	olication or appeal been filed in been filed		nese premises?	
	<u>.</u>			
What is the approxim	nate cost of the work involved			
State the reason if a s	pecial exception for additiona	l tower height is req	uested:	

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 sto tower permit is requested. Filing this application with the second control of the Boards and Zoning Officer may sto tower permit is requested.		5 · · · · · · · · · · · · · · · · · · ·
Signature of Property Owner	Signature of Appl	licant
Date	Date	
FOR OF	FICE USE ONLY	
Date Received by Zoning Administrator:		
Signature of Zoning Administrator	Date	-
Date recommended by Planning & Zoning Commiss	sion:	
Signature of Planning & Zoning Comm. Chairman	Date	-
Date approved by Board of Adjustments (if required	1):	
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	