

**TOWN OF NEW GLARUS**  
**Green County, Wisconsin**

APPLICATION FOR TOWER CONSTRUCTION PERMIT

Date Received by Town of New Glarus \_\_\_\_\_.

1. Attach a copy of a completed Green County Communication Tower Information Form: \_\_\_\_\_
2. Attach a check for fees (See fee schedule): \_\_\_\_\_
3. Are all set back requirements met? \_\_\_\_\_
4. Are all co-location conditions satisfied? \_\_\_\_\_  yes  No

If not, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have all requirements been met for:

- Fencing \_\_\_\_\_
- Parking \_\_\_\_\_
- Insurance \_\_\_\_\_
- Emergency Service Requirements \_\_\_\_\_

Please list any special equipment needed by rescue workers \_\_\_\_\_  
\_\_\_\_\_

Applicant hereby agrees to pay for emergency service calls:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Agent, Contractor)

Name of person responsible for structure: \_\_\_\_\_ Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

6. Any Buildings on site other than tower? \_\_\_\_\_  yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

7. Did you apply for a Town of New Glarus Building Permit? \_\_\_\_\_  yes  No

8. Attach Copies of Wisconsin **Registered Professional Engineer? Prepared:**

Soil Report? \_\_\_\_\_

Foundation Design? \_\_\_\_\_

Structural & Electrical Standards met? \_\_\_\_\_   
(All existing and planned electric and telephone utilities on and adjacent to property)

Lighting and FCC/FAA Requirements met? \_\_\_\_\_

9. Did you attach a copy of a valid license to operate this tower? \_\_\_\_\_

10. Are abandonment and reclamation plans attached? \_\_\_\_\_

11. Did you attach land owner/lessor agreements? \_\_\_\_\_

12. Did you attach your letter of credit or performance bond? \_\_\_\_\_

13. Did you attach signal interference Stipulation? \_\_\_\_\_

14. Is site location within Extraterritorial Zone? \_\_\_\_\_  yes  No

15. Received by Committee for Compliance \_\_\_\_\_

Plan conforms with Town of New Glarus Tower Ordinance: \_\_\_\_\_  
(Town Chairman/Clerk)

**Results of Inspection:**

\_\_\_\_\_ Tower plan and completion dates are in accordance with ordinance approved by Town Board.

\_\_\_\_\_ Tower is not acceptable

\_\_\_\_\_ Owner will make required improvements by \_\_\_\_\_

\_\_\_\_\_ Owner is unwilling to correct defects.

Signature \_\_\_\_\_  
(Town Board Chairman)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Town Clerk)

Date \_\_\_\_\_