



# Commercial Communication Structure (CCS) Application

## Class 1 Co-Location-New Tower

Community Development Department  
9915 39<sup>th</sup> Avenue  
Pleasant Prairie, WI 53158  
Phone: 262.925.6717  
Email: [communitydevelopment@pleasantpaririewi.gov](mailto:communitydevelopment@pleasantpaririewi.gov)

### PROJECT DETAILS

Location/Address			
Tax Parcel Number			
Lot Area (sq. ft)		Lot Frontage (ft.)	
Project Description/Scope of Work			
Tower Height (ft.)		Tower Width (ft.) (including all appurtenances)	
Type of Tower		Distance to Nearest Tower (ft.)	
Is the tower located within the City of Kenosha Airport Overlay District?		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the tower designed to hold multiple carriers?		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this project include the placement of a new mobile service (carrier) facility on the new tower?		<input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If yes, the new mobile service facility (carrier) is			
Fence Height surrounding equipment area (ft.)		Fence Material	
Estimated Start Date		Estimated Completion Date	
Estimated Construction Cost			

### MINIMUM SUBMITTALS See CCS Requirements for specific submittal details

<input type="checkbox"/>	Proof of Legal Interest	<input type="checkbox"/>	Construction Plans
<input type="checkbox"/>	Sworn Statement and Service Area Map	<input type="checkbox"/>	Structural Analysis
<input type="checkbox"/>	Inventory and Propagation Map	<input type="checkbox"/>	Village Lease Agreement, if application
<input type="checkbox"/>	City of Kenosha Airport Approval, if applicable	<input type="checkbox"/>	Homeowners Association or Commercial Owner's Association Approval, if applicable
<input type="checkbox"/>	Draft Security for Removal Performance Bond Upon review by the Village and prior to issuance of this permit the original Performance Bond shall be submitted.		

**The Village may require additional information be submitted to ensure that all Village requirements are being met. The Applicant will be contacted if additional information is required to be submitted.**

## INSPECTIONS AND COMPLIANCE

- All required inspections shall be scheduled at least 2 business days in advance by calling 262.925.6726 with the permit number.
- Upon completion, a **Letter of Compliance** (on company letterhead) shall be submitted by the applicant to the Village Zoning Administrator to verify the work complies with the approved plans and permit conditions.

## REQUIRED SIGNATURES

I certify that all of the information and attachments submitted are true and correct to the best of my knowledge. I understand that for any work started or completed without proper permits, a triple fee will be charged. I agree that all of the work will be done in accordance with all applicable Village, County, State and Federal codes, ordinance requirements and permit conditions. I also agree to allow the inspection of the premises by the Village's Inspectors during regular business hours.

PROPERTY OWNER	APPLICANT
Print Owners Name	Company Name
Print Name of Signatory	Print Name of Signatory
Signature	Signature
Mailing Address	Mailing Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
Date	Date
TOWER OWNER	TENANT/MOBILE SERVICE CARRIER
Company Name	Company Name
Print Name of Signatory	Print Name of Signatory
Signature	Signature
Mailing Address	Mailing Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
Date	Date