PRAIRIE

Class 2 Co-Location and Class 1 Co-Location-Substantial Modification

Community Development Department

9915 39th Avenue

Pleasant Prairie, WI 53158 Phone: 262.925.6717 Email: communitydevelopment@pleasantpari	riewi.gov
PROJECT DETAILS Address	
Tax Parcel Number	
Project Description/Scope of Work	
Project Description/Scope of Work	
Does this project include replacement/upgrades to an existing mobile service facility (carrier) on the tower?	
Name of existing mobile service facility (carrier) proposed	to be modified:
Does this project include the placement of a new mobile service facility on the tower?	
*If yes, the new mobile service facility (carrier) is	
Existing Tower Height (ft.)	Proposed Tower Height (ft.)
Is tower located within the City of Kenosha Airport Overlay District? Yes No	
Is the width of support structure (tower) being increased?	Yes No
Is the equipment compound area being increased?	Yes No
New/Extended Fence Height (ft)	New/Extended Fence Material
Estimated Start Date	Estimated Completion Date
Estimated Construction Cost	
MINIMUM SUBMITTALS See CCS Requirements	for specific submittal details
Proof of Legal Interest	Construction Plans
Sworn Statement and Service Area Map, if support structure (tower) is being extended	Structural Analysis
Inventory and Propagation Map, if support structure (tower) is being extended	Village Lease Agreement/Amendment, if applicable
City of Kenosha Airport Permit, if support structure (tower) is being extended and if applicable	Homeowners Association or Commercial Owner's Association Approval, if applicable
	port structure (tower) is being altered. Upon review of the
The Village may require additional information be su being met. The Applicant will be contacted if addition	bmitted to ensure that all Village requirements are

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
Phone Email	Phone Email