

**Town of Russell - Sheboygan County, Wisconsin**  
**APPLICATION for**  
**NEW MOBILE SERVICE SUPPORT STRUCTURE AND FACILITY**

This Application form must be completed in full and include a paid Application Fee before it will be accepted for review by the Town of Russell.

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name (if different from Owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Proposed Mobile Services Facility: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼, Section \_\_\_\_\_, Tax Parcel # \_\_\_\_\_

Acreage: \_\_\_\_\_

Current Zoning (check one):    A-1 EALP \_\_\_\_\_    A-1 PR \_\_\_\_\_    A-2 \_\_\_\_\_    A-4 \_\_\_\_\_    B-1 \_\_\_\_\_

C-1 \_\_\_\_\_    C-2 \_\_\_\_\_    P-1 \_\_\_\_\_    R-1 \_\_\_\_\_    PRD \_\_\_\_\_

1. If the application is to substantially modify an existing support structure, a construction plan which describes the proposed modifications to the support structure and the equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment associated with the proposed modifications.
  
2. If the application is to construct a new mobile service support structure, a construction plan which describes the proposed mobile service support structure and the equipment and network components, including antennas, transmitters, receivers, base stations, power supplies, cabling, and related equipment to be placed on or around the new mobile service support structure.
  
3. If the application is to construct a new mobile service support structure, an explanation as to why the applicant chose the proposed location and why the applicant did not choose collocation, including a sworn statement from an individual who has responsibility over the placement of the mobile service support structure attesting that collocation within the applicant's search ring would not result in the same mobile service functionality, coverage, and capacity; is technically infeasible; or is economically burdensome to the mobile service provider.

Application Fee:  
(\$3,000.00)

Check Number: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_