

POLK COUNTY TOWER APPLICATION

**COMPLETE ALL UNSHADED AREAS
INCOMPLETE APPLICATIONS MAY BE RETURNED
PLEASE PRINT – BLACK INK & RETURN ORIGINAL FORM**

MAKE CHECKS (black ink) PAYABLE TO:
Polk County Land Information Department
100 Polk County Plaza, Suite 130
Balsam Lake, WI 54810
715-485-9111, Mon- Fri, 8:30am-4:30pm

Property Address (Number & Street or Ave)

Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email (optional): _____
 Phone Number: _____

Leasing Agent, Contractor, builder, OR Self		
Address		
City	State	Zip
Phone Number	Mail permit to Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT REQUESTED FOR: Fill in appropriate line

<input type="checkbox"/>	New Tower (includes address fee)	Permit Number		Fee: \$	New Tower Fees: 120' or less \$600 121' to 160' \$1300 160' to 200' \$2200 200' & up \$3000
<input type="checkbox"/>	Collocation on Tower (includes ground equipment)	Permit Number		Fee: \$500	
<input type="checkbox"/>	Modify Transmission Facility	Permit Number		Fee: \$500	

LEGAL DESCRIPTION OF PROPERTY – SEE TAX BILL

Parcel # / Computer #	Lot #	Subdivision/CSM #	Gov't Lot
_____ - _____ - _____			
_____ ¼ _____ ¼, Sec _____ / T _____ N / R _____ W		Town of _____	
Size of parcel X = SQ FT OR Acres		Size of lease parcel (If applicable) X = SQ FT OR Acres	

ADDITIONAL INFORMATION

Height of Tower	Cost of Project \$	Type of road your driveway is off of: <input type="checkbox"/> US or State Hwy <input type="checkbox"/> County Rd <input type="checkbox"/> Town Rd <input type="checkbox"/> Private Rd	Name of Lake/Pond/River/Flowage	Collocation Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Property Line Setback- 100% of the height of the tower- Unless an engineering fall zone report is provided by a professional engineer that certifies that the tower is designed to collapse in the distance from the proposed tower location to the property line.**
- Please provide one copy of the structural analysis and construction plans along with the other requirements of Chapter 36 Article 2- Transmission Facilities of the Polk County Code of Ordinances with your application and fee.**
- Check with the town and other regulating agencies for additional regulations, permits or licensing that may be required.**

The applicant, as witnessed by the applicant's signature on this application hereby attests that the information contained therein, and any accompanying documents are accurate and true. Any assistance by County staff was at the applicant's request. I agree to permit county officials charged with administering county ordinances or other authorized person to have access to the above-described premises at any reasonable time for site review.

Sign Here: _____ **Date:** _____ Cash Credit Check # _____

COMMENTS:					
Received/Issued by: _____		Date: _____		Fee _____	

Date Received	Flood Plain <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	Fall Zone Letter Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Structural Analysis <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Plans <input type="checkbox"/> Yes <input type="checkbox"/> No
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Revised 1/1/2024