



CALUMET COUNTY PLANNING DEPARTMENT

206 COURT STREET
CHILTON, WI 53014-1198

CHILTON: (920) 849-1442
APPLETON/SHERWOOD: (920) 989-2700 EXT. 442

FAX: (920) 849-1481
WEBSITE: www.co.calumet.wi.us

APPLICATION FOR A WIND ENERGY SITING PERMIT FOR A MET TOWER

Date: _____
Land Owner(s) (Applicant) Name(s): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Address Where MET Tower Is To Be Erected, If Different:
City: _____ State: _____ Zip: _____
Town Of: _____
Land Owner's E-Mail: _____
Land Owner's Telephone: _____
Parcel I.D. No.: _____

Developer/Company Name: _____
Web Site: _____
Corporate Address: _____
City: _____ State: _____ Zip: _____
 Check If Developer/Applicant Listed Is To Be The Main Contact For This Project
Project Contact Name: _____
E-Mail: _____
Office Telephone: _____
Mobile Telephone: _____

APPLICATION REQUIREMENTS

- Please complete or attach the following information. *More information may be required by the Code Administrator.*
- A copy of the lease with the land owner if the applicant does not own the land for the proposed MET Tower.
 - A statement from the land owner of the leased site that he/she will abide by all applicable terms and conditions of the permit and the applicable sections of Chapter 79 of the County Code.
 - Legal statement indicating developer has legal authority to construct, operate and erect the MET Tower under state, federal and local laws.
 - A statement from the applicant that the MET Tower will be installed in compliance with manufacturer's specifications, and a copy of those manufacturer's specifications.
 - Copies of the Proof of a Certificate of Authority from the Public Service Commission of Wisconsin, and, the Public Service Commission of Wisconsin Environmental Assessment, if applicable.
 - Drawings to scale showing height and design, including a cross section, elevation, and diagram of how the MET Tower will be anchored to the ground.
 - Site plan including a diagram, drawn to scale, showing the parcel boundaries and a legal description, tower, support facilities, access, proposed landscaping, fencing, and karst features.
 - A statement indicating what hazardous materials will be used and stored on the site, and, how those materials will be stored, if applicable.
 - A statement indicating how the MET Tower will be lit, if applicable.
 - Statement indicating how the MET Tower and guy wires will be marked to increase visibility.
 - Determination of No Hazard to Air Navigation letter.
 - Shadow flicker model and noise specifications, if applicable.
 - Decommissioning plan.
 - Proof of financial assurance.
 - Project timeline.
 - Land owner(s) verification and signature. I (we) attest the information provided on this application is true to the best of my (our) knowledge, and, authorize staff from the Planning Department to inspect said premises for purposes of initial inspection and follow-up compliance inspections:

Signature: _____ Date: _____

Return this form to: Calumet County Planning Department, 206 Court Street, Chilton, WI 53014-1198
Check payable to: Calumet County

STATUS (office use only)

Application Fee (Fee is Per Tower) _____ Decommissioning Fee _____ Check Number _____ Date Paid _____
Requirements or Comments _____

Approved or Denied By _____ Date _____ MET Permit No _____

Compliance Determined By _____ Date _____ Expiration Date _____