

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE  
PLANNING AND ZONING DIVISION

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APPLICATION FOR A ZONING PERMIT FOR DEVELOPMENT  
WITHIN THE JURISDICTION OF THE WAUKESHA COUNTY AIRPORT HEIGHT ORDINANCE

For Office use only: Fee Pd. (see Fee Schedule) \_\_\_\_\_ ATF Y/N: \_\_\_ Receipt No. \_\_\_\_\_ Checked by \_\_\_\_\_ Airport Height Ordinance (AHO) X

FAA review received \_\_\_\_\_ Bureau of Aeronautics review received \_\_\_\_\_ Waukesha County Airport Comm./Manager review received \_\_\_\_\_

BOA No. \_\_\_\_\_ PO No. \_\_\_\_\_ CU No. \_\_\_\_\_ ZP Appl. No. \_\_\_\_\_ ZP No. \_\_\_\_\_

File copy \_\_\_\_\_ Building Inspector copy \_\_\_\_\_ Owner copy \_\_\_\_\_ Applicant copy \_\_\_\_\_

Town/City/Village \_\_\_\_\_ Town/Range/Section \_\_\_\_\_ Tax Key No(s). \_\_\_\_\_

Owner \_\_\_\_\_ Applicant (if different) \_\_\_\_\_

Mailing address \_\_\_\_\_ Mailing address \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_

Address of Premises (if different) \_\_\_\_\_ Cell phone number of crane operator (\_\_\_\_\_) \_\_\_\_\_

Legal Description (from survey) \_\_\_\_\_

Detailed and complete description of proposed work to be constructed, erected, installed, located, replaced, repaired, rebuilt, or altered, and the intended use (attach additional pages, if necessary):

Is the structure/use within 1/2 mile of the airport? Y/ N \_\_\_\_\_ Is the structure/use between 1/2 mile and three miles of the airport? Y/ N \_\_\_\_\_

Is the structure/use within an avigation easement? Y/ N \_\_\_\_\_ Is the structure/use within a Runway Protection Zone (RPZ)? Y/ N \_\_\_\_\_

HEIGHT/ELEVATION DATA

Maximum permitted elevation above mean sea level (amsl), as set forth in the AHO or in a recorded avigation easement: \_\_\_\_\_ NGVD29

Total height of the proposed structure/use above the ground level (agl), with appurtenances, including lightning rods: \_\_\_\_\_

Maximum elevation (amsl) of proposed structure/use, with appurtenances, including lightning rods: \_\_\_\_\_ NGVD29

What is the ground elevation at the site of the proposed structure/use? \_\_\_\_\_ NGVD29

CRANES

Will a temporary crane be utilized during construction? Y/N \_\_\_\_\_ If yes, what is the total height of the crane (agl)? \_\_\_\_\_

What is the maximum elevation of the crane (amsl)? \_\_\_\_\_ NGVD29 What is the ground elevation at the crane site? \_\_\_\_\_ NGVD29

Type of crane proposed: \_\_\_\_\_

Will the crane be lowered at night and when not in use? Y/ N \_\_\_\_\_ How will crane be flagged/marked/lighted? \_\_\_\_\_

Dates crane will be utilized: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

SUPPLEMENTAL QUESTIONS

Has an FAA Notice of Proposed Construction or Alteration been filed for the proposed structure/use/crane? Y/ N \_\_\_ Date filed with FAA: \_\_\_\_\_

Will the proposal create electrical interference with radio communication between the airport and any aircraft? Y/ N \_\_\_\_\_ If yes, explain on attached.

Will the proposal make it difficult for pilots to distinguish between airport lights and others? Y/ N \_\_\_\_\_ If yes, please attach an explanation.

Will the proposal result in glare in the eyes of pilots using the airport? Y/ N \_\_\_\_\_ If yes, please attach an explanation.

Will the proposal impair visibility in the vicinity of the airport? Y/ N \_\_\_\_\_ If yes, please attach an explanation.

Will the proposal otherwise endanger the landing, taking off, or maneuvering of any aircraft? Y/ N \_\_\_\_\_ If yes, please attach an explanation.

Are any storm water management facilities proposed? Y/ N \_\_\_\_\_ If yes, please explain or attach. \_\_\_\_\_

**FIVE COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION.** The map should show (1) location and dimensions of lot, (2) height, elevation, location and dimensions of all existing/proposed buildings/structures/uses on lot, including temporary cranes. **TWO SETS OF DETAILED BUILDING PLANS MUST ALSO BE SUBMITTED, AND A GRADING PLAN MAY ALSO BE REQUIRED.** AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; that he /she has read and understands all information in this application; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the federal government, state, county, and municipality will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the local building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties. By signing this form, the owner/applicant is giving consent for the Department of Parks and Land Use to inspect the site as necessary and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application (approved) (denied) by Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Conditions for approval or reasons for denial: \_\_\_\_\_