



**WIRELESS
TELECOMMUNICATIONS
FACILITY
PERMIT APPLICATION
COVER PAGE**

INSTRUCTIONS:

Applicants must submit this Wireless Telecommunications Facility Permit Application Cover Page and the applicable Application Checklist, together with all information and the applicable Application Checklist for the wireless telecommunications facility application type, together with all information and materials provided in the applicable Application Guidelines for the application type. City staff may deem the application incomplete if the applicant fails to include any required information or materials.

Applications are by appointment only. For an appointment, contact the Planning Division. Any application received without an appointment, whether delivered in-person, by mail, online or through any other means, will not be considered duly filed.

Applicant:

Name: _____
 Company: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Applicant's Authorized Representative:

Name: _____
 Company: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Property Owner / Pole Owner / Structure Owner:

Name: _____
 Company: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Signatures and Statement of Truth and Accuracy
Under penalty of perjury, the undersigned certifies on behalf of itself and the applicant that all statements, information, representations, disclosures, documents, and plans submitted in this application, including but not limited to any supplements in this application, are true, correct and complete to the best of the undersigned's ability and knowledge.

Property Owner's Signature Date
 (see application checklist instructions for Pole Owner in ROW)

 Printed Name

Applicant/Authorized Representative's Signature Date
 (if different from Property Owner)

 Printed Name

STAFF USE ONLY

Permit/Application Number: _____
Pre-Application Conference Date (if applicable): _____
Community Meeting Date (if applicable): _____

Received By: _____
Application Submittal Date: _____
Completeness Review Deadline: _____

Site Location and Description:

Project Name _____

Project Address: _____

APN (if applicable): _____

Zoning Designation: _____

General Plan Designation: _____

Historic Designation (if applicable): _____

Pole Coordinates (if applicable): _____

Pole Number (if applicable): _____

Present Use of Site Location: _____

Project Description:

Wireless Telecommunications Facility Application Type:

Wireless Telecommunications Facility Section 6409 Eligible Facilities Request

Applicable Shot Clock Period (for informational purposes only): **60 days** **90 days** **150 days** **OTHER:** _____