



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
 Mailing address: 216 Prospect Street
 Port Orchard, WA 98366
 (360) 874-5533 · permitcenter@cityofportorchard.us

WIRELESS COMMUNICATION FACILITY PERMIT APPLICATION

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete Submittal Will Not Be Accepted.

1. PROPERTY INFORMATION.

Location *(select all that apply):*

- Totally located within City right-of-way.
- Within City right-of-way and also on public property and/or private property.
- On private property.
- On public property.

Property Address *(provide address of abutting property if within the right-of-way):*

Nearest intersection:

GIS Coordinates *(GCS or PCS):*

2. PROJECT INFORMATION.

In the table below, select the type of facility this application is for AND the zoning.

Based on your selections, your permit is a Type 1, Type 2 or Type 3.

Type of Facility	Located in Residential Zoning ¹	Located in Commercial / Public Zoning ¹	Located in Industrial Zoning ¹
<input type="checkbox"/> Adding antennas to an existing or replacement tower or utility pole	<input type="checkbox"/> Type 1 ²	<input type="checkbox"/> Type 1 ²	<input type="checkbox"/> Type 1 ²
<input type="checkbox"/> Eligible facilities modification	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 1
<input type="checkbox"/> Utility pole co-location	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 2
<input type="checkbox"/> Concealed building attached	<input type="checkbox"/> Type 2 ³	<input type="checkbox"/> Type 2 ³	<input type="checkbox"/> Type 1
<input type="checkbox"/> Non-concealed building attached	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 1
<input type="checkbox"/> New tower or height adjustment request beyond the limitations of the Spectrum Act	<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 3

¹ **Zoning:** Residential - R1, R2, R3, R4, R5, R6, RMU. Commercial – NUM, BPMU, CMU, DMU, GMU, CC, CH, IF, PF, PR, CI. Industrial – LI, HI.

Refer to the City's Zoning Map online at <https://portorchardwa.gov/planning-maps/>

² Provided the height of the tower or utility pole does not increase the square footage of the enclosure area does not increased beyond the limits set forth in Section 6409 of the Spectrum Act.

³ The applicant may request to install a non-concealed building attached facility, under POMC Section 20.70.140.

3. SUBMITTAL REQUIREMENTS.

NOTE: *Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.*
This application shall include the following, unless specifically waived by DCD.

Check the box for each item included with this application:

For a Type 1 Application:

- The Master Permit Application form**, completed.
- Wireless Communication Facility Application form** (*this form*), completed.
 - Include the **original** signed and notarized Owner Statement if the wireless communication facility will be located on private property (*use the form on page 4 of this application*).
- Plan Sets prepared by a design professional.** *Include:*
 - North arrow and map scale. *All plans must be scalable when printed.*
 - Vicinity map.
 - Site map.
 - Architectural elevations.
 - Method of attachment.
 - Proposed screening.
 - Location of proposed antennas.
 - All other information which accurately depicts the proposed project.
- A letter from the Applicant which includes:**
 - An outline of the proposed project.
 - An evaluation with regard to the City's code requirements and whether the proposal qualifies for review under Section 6409 of the Spectrum Act.
- Information** sufficient to determine whether a proposed facilities modification per POMC 20.70.200 would be a substantial change to an existing eligible support structure.
- Sensitive areas studies and proposed mitigation** (*if required*).
- If an outdoor generator is proposed**, a report prepared by an acoustical engineer demonstrating compliance with Chapter 173-60 WAC and POMC 9.24.050.
- SEPA Application** (*if required*).

For a Type 2 Application, submit all information required for a Type 1, plus the following:

- Photo sets** of simulations that depict the existing and proposed view of the proposed facility.
- Materials board** for the screening material.
- Landscaping Plan** prepared by a Washington state-licensed landscape architect.
(*If landscaping is required*)
- A report from a radio frequency engineer** that demonstrates that the facility meets federal requirements for allowed emissions.
- If located within a residential zone:**
 - A report by a radio frequency engineer** explaining the need for the proposed wireless communication facility.
 - A detailed discussion by the applicant** on why the wireless communication facility cannot be located within a commercial or industrial zone.

3. SUBMITTAL REQUIREMENTS, <i>continued.</i>
For a Type 3 Application, submit all information required for a Type 1 and Type 2, plus the following:
<input type="checkbox"/> All information required for new towers under POMC 20.70.060.
<input type="checkbox"/> A report by a radio frequency engineer including a discussion of the information required under POMC 20.70.060.
<input type="checkbox"/> Mailing labels for all property owners and tenants/residents within 500 feet of the subject property. <i>Provide mailing list in an Excel spreadsheet. Provide mailing labels in Word Mailings Labels format. Mailing labels must show the associated tax parcel number on the first line.</i>
<input type="checkbox"/> Engineering plans for the proposed tower.
<input type="checkbox"/> A vicinity map depicting the proposed extent of the service area.
<input type="checkbox"/> A graphic simulation showing the appearance of the proposed tower and ancillary structures and ancillary facilities from five points within the impacted vicinity. Such points are to be mutually agreed upon by the Director of Community Development and the Applicant. All plans and photo simulations shall include the maximum build-out of the proposed facility to the extent such information is known by the Applicant.
<input type="checkbox"/> Tower design structural standards: Provide evidence that the tower has been designed to meet the minimum structural standards for wireless communication facilities for a minimum of three providers (including the applicant) of voice, video or data transmission services. Include a description of the number and types of antennas the tower can accommodate, to the extent known.
4. FEES.
<i>Application fees are due when the application is submitted. Additional fees may be due as the application review is underway, such as consultant fees to review special reports. All unpaid fees are due when the permit is issued. Applicable fees may vary depending on your project. Contact the Permit Center for a fee estimate.</i>

Other documentation may be required in addition to what is listed above.

OWNER: (select the appropriate statement)

- I affirm that the property affected by this application is in my exclusive ownership.
- I affirm that the property affected by this application is not in my exclusive ownership. This application is submitted with the consent of all owners of the affected property.

IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF, complete this verification statement:

As the record owner of the property listed above, I authorize _____, as my Authorized Agent to submit this application on my behalf.

The application as completed is true and correct to the best of my knowledge.

Signature of Owner (Must be notarized)

Print Name of Owner

Date

STATE OF WASHINGTON)
) SS
 COUNTY OF KITSAP)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington, residing at

My appointment expires:
