



City of Santa Ana  
 Public Works Agency  
 Development Engineering

<b>FOR OFFICE USE ONLY</b>
SUBMITTAL DATE:
RECEIVED BY:

## WIRELESS FACILITY WAIVER FORM

All waiver forms must be filed in person with the City at a pre-scheduled appointment.

### TYPE OF WAIVER

Request to waive City Guidelines and/or Standards       Other: \_\_\_\_\_

### CITY'S DETERMINATION

Please include references Standards/Guidelines, if applicable.

### REASON FOR REQUEST

Give a detailed explanation for your request to waive the City's determination and/or City guidelines and standards.

### PROJECT INFORMATION

Address	Permit Number (if applicable)
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Site ID	
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

### APPLICANT'S CONTACT INFORMATION

Name	Address
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Phone Number	Email Address
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

### FORM CERTIFICATION

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT

Applicant's Signature	Date
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Print Name	Title
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>