PROJECT ADDRESS: ____________________________________________________________

APPLICANT/CARRIER: __________________________________________________________________________

BRIEF PROJECT DESCRIPTION/SCOPE: __________________________________________________________________________________________

1. Is the project a collocation or modification of an existing approved communications facility?  Yes / No

If no, stop filling out this form. The project is subject to standard zoning review – typically a Conditional Use Permit (a Site Development Permit in some cases). Please submit this partially completed form with your zoning application.

If yes, please complete the remainder of this form.

2. Describe, in detail, the existing approved facility (type, size, height, equipment, etc.). ______________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

3. List previous approvals for cellular installations at the site (include carrier and entitlement permit number or resolution number). ______________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. What modifications are proposed? ______________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Please submit this completed form with (1) two copies of the plans, (2) letter of authorization, (3) current photos of the site, (4) one RF study, if applicable (e.g. equipment removal does not require RF study), and (5) Wireless Facility Permit Request fee of $338.58 to the Planning Division for review. Applications are only accepted in person, during counter hours. You will be notified as soon as possible in the event that further information is needed to determine the project’s eligibility for review under 6409(a) regulations.

As the Applicant/representative for the Applicant, I acknowledge that the above information and supporting documents provided are, to the best of my knowledge, an accurate and complete representation of the proposed project.

Signature: ______________________ Date: ______________________

Name: ______________________ Phone: ______________________

Email: ______________________
Initial Submittal: __________________________________

1st Incomplete: ________________________________ Days in Review (30 max): _______
2nd Submittal: ________________________________ Days in Review (10 max): _______
2nd Incomplete: ________________________________ Days in Review (10 max): _______
3rd Submittal: ________________________________ Days in Review (10 max): _______
3rd Incomplete: ________________________________ Days in Review (10 max): _______
4th Submittal: ________________________________

TOTAL Days in Review (max 60): _______

DETERMINATION**

☐ The project meets the criteria for review under 6409(a). No further review is required. Please proceed to building plan check. Submit a copy of this form when submitting for building plan check.

☐ The project, as described, does not meet the criteria for review under 6409(a) for the below reason(s) and a CUP / SDP (circle one) is required.
  ____ The project is not a collocation or modification to an existing approved wireless facility.
  ____ The project represents a “substantial change” to the existing facility, as defined by the FCC.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature: ________________________________ Date: ________________________________
Name/Title: ________________________________

**Please note: This Determination remains valid unless and until the subject site is modified such that the information provided on this screening form is no longer accurate (e.g. the existing support structure is modified, wireless facility equipment is added or modified, there are additional entitlements/approvals for wireless facilities at the site, etc).