



1052 S. Livermore Avenue  
Livermore, CA 94550  
925-960-4450

## Wireless Facilities Permit Application Cover Page

### INSTRUCTIONS:

A pre-application meeting is encouraged prior to permit submittal. Please note this is informational only.

All applicants must submit this Application Cover Page, the Application Checklist and all other required materials in the Application Guidelines. City staff may deem the application incomplete if the applicant fails to include any required information or materials.

Applications are accepted by appointment only on Mondays and Tuesdays from 9:00 am to 12:00 pm (Pacific Time). Please contact the Planning Division at 925-960-4450 for an appointment.

#### Applicant:

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

#### Authorized Representative:

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

#### Property Owner (or pole owner if project is located in the ROW):

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

#### Property Owner's Signature:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Applicant's Signature: (if different from Property Owner)

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Proposed Site Location and Description:

Proposed Project Address: \_\_\_\_\_ Pole Number <sup>a</sup>: \_\_\_\_\_

Zoning District (for ROW, provide nearest zoning district): \_\_\_\_\_ <sup>a</sup> If in the ROW, provide the pole number for the streetlight or pole.

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Applicant's Request:

CONDITIONAL USE PERMIT     ZONING USE PERMIT     ZONING CLEARANCE     OTHER (describe request below)

\_\_\_\_\_  
\_\_\_\_\_

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

#### Pre-Application Information:

Pre-Application Meeting Date \_\_\_\_\_  
Pre-Application Permit Number \_\_\_\_\_

#### STAFF USE ONLY

Application Submittal Date \_\_\_\_\_  
Completeness Review DUE \_\_\_\_\_