



CITY OF SAN CLEMENTE

Wireless Communications Facilities Application Screening Form

For accommodation under Section 6409(a) of the Middle Class Tax Relief and Job Creation Act of 2012 for facilities outside of the public right of way

Project Address: _____

Applicant/Carrier: _____

This form serves to assist the City of San Clemente in determining whether a proposed collocation or modification to an existing wireless communications facility qualifies as an eligible facilities request and/or would cause a substantial change as defined by the FCC. Please submit the following:

- Completed Application Form
- Letter of Authorization from Wireless Carrier
- Digital Copy of Plans (.pdf)
- Photosimulations and/or Current Site Photos
- Application Fee: \$47.57
- RF Compliance Analysis (if applicable)

1. Is this an existing approved wireless communications facility? Yes No

If **NO**, stop filling out this form. The project requires a discretionary permit.

If **YES**, list previous approvals for cellular installations at the site (include entitlement and building permit numbers). _____

2. Describe in detail the **existing** approved facility. Include facility type, size, height, number of existing antennas, existing equipment, etc. _____

3. Describe in detail the **proposed** wireless facility modifications. Include number of antennas, remote radio units, cabinets, and/or equipment proposed for removal, replacement, or addition. _____

4. Describe the **proposed** concealment elements and/or techniques and how, if at all, the project would alter the existing concealment elements. _____

ELIGIBLE FACILITY CRITERIA

- 5. Does the project increase the facility height by 10% or more than 20 feet? Yes No
- 6. Does the project increase the width by more than 20 feet or protrude beyond the width of the tower at the level of the appurtenance? Yes No
- 7. Does the project involve the installation of four or more equipment cabinets? Yes No
- 8. Does the project defeat the existing concealment elements of the tower? Yes No
- 9. Does the project include any excavation or new ground equipment outside of the current leased/owned wireless facility area? Yes No
- 10. Is the project inconsistent with the original conditions of approval under which the project site was approved and developed? Yes No

If you answered **YES** to any questions in this section, stop filling out this form. The project requires a discretionary permit.

APPLICANT'S CERTIFICATION

As the Applicant/Representative for the Applicant, I acknowledge that the above information and supporting documents are, to the best of my knowledge, an accurate and complete representation of the proposed project. I understand that the City of San Clemente will rely on my responses to evaluate whether to process this application in accordance with the FCC's regulations under 47 C.F.R. § 1.40001 et seq., and I acknowledge that any inaccuracies may result in the application being deemed incomplete or the request for approval pursuant to Section 6409(a) being denied.

Applicant Name: _____ **Company:** _____

E-Mail Address: _____ **Phone No:** _____

Signature: _____ **Date:** _____

FOR CITY USE ONLY

Zoning Review No.: _____ **Submittal Date:** _____

STAFF DETERMINATION:

- APPROVED.** This project meets criteria for review under 6409(a). A discretionary planning permit is not required for the proposed collocation/wireless facility modification. Proceed to building plan check.
- NOT APPROVED.** This project represents a "substantial change" to the existing facility, as defined by the FCC, and is not eligible for review under 6409(a). Approval of a _____ application is required before the project may be submitted into building plan check.

Signature: _____ **Date:** _____

Planner Name, Title: _____