

Planning Department
30001 Ladyface Court, Agoura Hills, CA 91301 Phone (818) 597-7322 / Fax (818) 597-7352 www.ci.agoura-hills.ca.us

WIRELESS TELECOMMUNICATIONS FACILITIES APPLICATION

WINELESS TELECOMMONICATIONS TACIETIES AFFEIGATION				
DESCRIPTION OF THE PROPOSED PROJECT Include the type of development, number of units, parcel size, square footage of building area, and if an amendment describe request. Attach additional sheets if necessary.				
PRO	JECT LOCATION	PROPERTY OWNER		
Addre	ss or location of property:	Name:		
		Address:		
		Phone #		
Current Zoning:		E-mail Address:		
		The undersigned certify record ownership of the property described on the application, and hereby approve the action requested herein.		
Asses	sor's Parcel Number(s):	Signature Date:		
	, ,			
		If there are additional property owners, please use space on back.		
APPLICANT		ARCHITECT OR ENGINEER		
Name:		Name:		
Firm:		Firm:		
Address:		Address:		
Phone:		Phone:		
E-mail Address:		Fax #:		
Signature:		E-mail Address:		
Please indicate the predominant purpose of this application by checking the appropriate box and initialing here				
	A new Wireless Telecommunications Facility [Use Long Form Supplemental Application]			
	A new Wireless Telecommunications Collocation Facility [Use Long Form Supplemental Application]			
	A collocation to or a modification of an existing Wireless Telecommunications Facility that is not eligible under Section 6409(a) of the Spectrum Act [Use Long Form Supplemental Application]			
	A collocation to or a modification of an existing Wireless Telecommunications Collocation Facility that is not eligible under Section 6409(a) of the Spectrum Act. [Use Long Form Supplemental Application]			
	A modification of an existing Wireless Telecommunications Facility that qualifies under Section 6409(a) of the Spectrum Act [Use Section 6409(a) Short Form Supplemental Application]			

	P (2 12 41 44		
I hereby certify that the statements furnished in this required for this initial evaluation to the best of my and correct to the best of my knowledge and belief. of Agoura Hills permission to reproduce submitted for distribution to staff, Commission, Board, and City and to make those materials available to the public of Safety Code § 19851 or any other provision of law. the intellectual property in plans, exhibits and photoapplication.	ability, and that the facts, In addition, I understand materials, including but r Council members, and ot on the City of Agoura Hills Nothing in this consent, h	statements, and information presented are true I that the filing of this application grants the City not limited to, plans, exhibits, and photographs, her agencies in order to process the application, by website and CTV, notwithstanding Health and however, shall entitle any person to make use of	
Signature	Date		
Name and Title	Phone		
Address			
CONSENT BY CARRIER/WIRELESS PROVIDER			
If applicant is other than the carrier/wireless provensenting to filing. Attach additional sheets if necessity			
I/We, as the authorized agent of the subject carried consent and hereby authorize City representative applications being filed.			
Signature	Date		
Name	Title		
Address			
CONSENT BY PROPERTY OWNER			
If applicant and carrier/wireless provider are other the sign consenting to filing.	han the property owner, a	an authorized agent of the property owner must	
I/We, as the authorized agent of the subject propert hereby authorize City representative(s) to access processing the application(s) being filed.			
Signature	Date		
Name Title			
Address			
7.001000			
Case No.:		Received by:	
Application Fee (6409/Admin/CUP)	\$	Validation/Method of Payment	
Consultant Review Fee	\$		
Hearing/Notification Fee	\$		
Environmental Review	\$		
Other Fee	\$		
Total	\$	5/2017	

APPLICANT CERTIFICATION