Commercial Permit Application

Apply online at arlingtonpermits.com
(Do not fax, mail or email application)

*Please **print** clearly:*

Applicant's Name*: _____

Home/Cell Phone #: (___) _____ Email*: _____

Owner's Name*: _____

Home/Cell Phone #: (___) _____ Email*: _____

*A legible copy of a current government photo ID is required to be submitted by the applicant.

****Plan review comments will be delivered to Email provided above (**Please verify email**).

Project Address:_____Suite:_____

Brief description of work: _____

Will the following trades be included (please check all that apply):

☐ **Mechanical** ☐ **Electrical** ☐ **Plumbing**

Please check only one:

□ **Assembly** (Theater, restaurant, night club, dance club, banquet hall, indoor arcade, church and indoor/outdoor sport complex and similar uses)

□ **Business** (Business offices, bank/credit union, barber/beauty shop, medical offices, take-out food establishments, professional services (CPAs, attorneys, architect/engineer, etc.) and similar uses)

□ **Educational** (Public or private school through the 12th grade, child care for more than 5 children over the age of 2 1/2 years of age)

□ **Factory** (Manufacturing, assembly/disassembly, fabricating, finishing, packaging, repair or processing of products or goods)

□ **High Hazard** (Use of any building involving materials or products that constitute a health, fire, explosion or toxic health hazard)

□ **Institutional** (Hospitals, nursing homes, assisted living facilities, day care other than educational and similar uses)

□ **Mercantile** (Retail/wholesale stores, gas stations, department stores and similar uses)

□ **Residential** (Hotel/motel, apartments (3 or more dwelling units), dormitories and similar uses)

□ **Storage** (Warehousing/storage of products, goods or materials)

□ **Utility & Miscellaneous** (Cell towers, barns, carports and other miscellaneous structures)

Please check only one:

☐ New Construction **a**
☐ New Construction – Shell **a**
☐ Addition
☐ Early Grading (Only complete P. 1 of this application)
☐ Remodel/Alteration/Repair **a, b**
☐ Interior Finish **b**
☐ Move **a**
☐ Demolition
☐ Wireless Facilities **a, b**

(a) If you are applying for ***New Construction***, ***New Construction-Shell***, ***Addition*** or ***Early Grading*** then you must first have an approved ***Commercial site Plan.*** **(b)** Application review by a planner is required.

All permits, except demolition permits, require a separate application for each building.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

Before a permit may be issued, electronic documents of accepted construction plans must be provided. The city is able to scan your documents for a fee; or, you may provide those electronic documents in the specified format. If you supply the electronic documents, they must be verified as accurate before a permit may be issued. Please check one:

☐ I authorize City staff to scan and charge applicable scanning fees ☐ I will provide the electronic documents in TIFF 300 dpi format

Signature of Permit Applicant_____ Date: _____
If applicant is contractor, list name of company: _____

STAFF USE ONLY

Plans Examiner:_____ Date:_____ Number of Sheets: _____
Planner:_____Date:_____Is this a change in use per the UDC? ☐ Yes ☐ No

FOR REFERENCE ONLY

1. NEW CONSTRUCTION & NEW CONSTRUCTION - SHELL BUILDINGS PERMITS ONLY

- Total building square footage (all floors/levels): _____square feet
- Total Site Area: _____square feet
- Construction Valuation-Declared: $ _____
- TDLR Registration Number: _____ (*Required if declared construction value is $50,000 or greater)*
- ***Building Permit Fee Valuation $*** _____***(FOR OFFICE USE ONLY)***
- Total Pavement Area: _____square feet
- Will this space be used as a medical office? ☐ Yes ☐ No
- Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24 hours? ☐ Yes ☐ No
- Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines? ☐ Yes ☐ No
- Will a septic tank, grease trap or sand trap be used on the premises? ☐ Yes ☐ No
- Will any manufacturing take place on the Premises? ☐ Yes ☐ No
- Will any liquid wastes or sludge be generated which are not disposed of in the sewer system? ☐ Yes ☐ No
- Will any form of waste water pre-treatment be utilized at location? ☐ Yes ☐ No
- Energy Code Compliance *(Check only one. Must attach compliance forms)*:
  ☐ ASHRAE 90.1; ☐ IECC; ☐ COMcheck w/ASHRAE; ☐ COMcheck w/IECC; ☐ Other
- Number of stories:_____
- Will the plan review be performed by a Third Party Organization? ☐ Yes ☐ No
- Will the inspections be performed by a Third Party Organization? ☐ Yes ☐ No
- Name of the Third Party Organization (Check only one):
  ☐ Bureau Veritas ☐ Metro Code Analysis ☐ North Texas Inspection Services ☐ Other
- Will/does this location have Gas Service? ☐ Yes ☐ No
- Will/does this location have Electrical Service? ☐ Yes ☐ No
- If a multi-family or hotel/motel use, how many dwelling or sleeping units will be constructed? _____

MAIN USE (Must select one use from the list below)

- ☐ Amenity Center
- ☐ Amusement Park
- ☐ Animal Hospital
- ☐ Apartments (3+ dwelling units)
- ☐ Assembly/Disassembly
- ☐ Assisted Living Facility
- ☐ Auto Lube Center
- ☐ Automobile Sales
- ☐ Automotive Repair Garage
- ☐ Bank/Credit Union
- ☐ Banquet Hall
- ☐ Barber/Beauty Shop
- ☐ Barn
- ☐ Bldg w/Materials that Constitute a Health, Explosion, Fire or Toxic Health Hazard
- ☐ Business Office
- ☐ Car Wash (Auto/Self-service)
- ☐ Carports
- ☐ Child Care for 5+ children over the age of 2.5 yrs
- ☐ Church
- ☐ Convenience Store with Gas Pumps
- ☐ Dance Club
- ☐ Day Care - Not Educational
- ☐ Day Surgery
- ☐ Department Store
- ☐ Dormitory
- ☐ Fabricating
- ☐ Finishing
- ☐ Fire Station
- ☐ Fitness Center
- ☐ Fraternity/Sorority House
- ☐ Funeral Home
- ☐ Gas Station
- ☐ Golf Course/Tennis Court
- ☐ Hospital
- ☐ Hotel/Motel
- ☐ Indoor Arcade
- ☐ Indoor/Outdoor Sports Complex
- ☐ Junior/Community College/ University
- ☐ Library
- ☐ Manufacturing
- ☐ Medical Office
- ☐ Mini-Warehouse
- ☐ Night Club
- ☐ Nursing Home
- ☐ Packaging
- ☐ Park
- ☐ Parking Garage
- ☐ Photography Studio
- ☐ Post Office
- ☐ Professional Services (CPA, Attorney, etc.)
- ☐ Repair/Processing
- ☐ Restaurant
- ☐ Retail/Wholesale Store
- ☐ Retaining Wall
- ☐ Retirement Community
- ☐ School (ISD)
- ☐ School (Other than ISD) through the 12th Grade
- ☐ Take Out Food Establishment
- ☐ Theater
- ☐ Tower
- ☐ Undetermined Use (Shell Buildings Only)
- ☐ Unmanned Utility/ Existing Site
- ☐ Utility
- ☐ Veterinarian Clinic
- ☐ Warehouse Distribution
- ☐ Warehousing/Storage

FOR REFERENCE ONLY

2. ADDITION PERMITS ONLY

- Total Site Area: _____square feet
- Construction Valuation-Declared: $ _____
- TDLR Registration Number: _____ (*Required if declared construction value is $50,000 or greater)*
- ***Building Permit Fee Valuation: $ _____ (FOR OFFICE USE ONLY)***
- Total Area of Addition (all floors/levels): _____ square feet
- Percentage of proposed addition to the structure:_____ %
- Total Pavement Area: _____ square feet
- Proof of Asbestos Survey Provided: ☐ Yes ☐ No
- Will this space be used as a medical office? ☐ Yes ☐ No
- Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24 hrs? ☐ Yes ☐ No
- Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines? ☐ Yes ☐ No
- Will a septic tank, grease trap or sand trap be used on the premises? ☐ Yes ☐ No
- Will any manufacturing take place on the Premises? ☐ Yes ☐ No
- Will liquid wastes or sludge be generated which are not disposed of in the sewer system? ☐ Yes ☐ No
- Is the building equipped with a fire alarm, fire sprinkler system or a standpipe system? ☐ Yes ☐ No
- Will any form of waste water pre-treatment be utilized at location? ☐ Yes ☐ No
- Energy Code Compliance (Check only one-must attach compliance forms): ☐ ASHRAE 90.1; ☐IECC; ☐ COMcheck w/ASHRAE; ☐ COMcheck; ☐Other
- Number of stories in addition: ___
- Will the plan review be performed by a Third Party Organization? ☐ Yes ☐ No
- Will the inspections be performed by a Third Party Organization? ☐ Yes ☐ No
- Name of the Third Party Organization (Check only one): ☐ Bureau Veritas ☐ Metro Code Analysis ☐ North Texas Inspection Services ☐ Other
- Will/does this location have Gas Service? ☐ Yes ☐ No
- Will/does this location have Electrical Service? ☐ Yes ☐ No
- If a multi-family or hotel/motel use, how many dwelling or sleeping units are being added?_____
- If a multi-family or hotel/motel use, the total number of dwelling or sleeping units at completion?____

MAIN USE (Must select one use from the list below)

- ☐ Amenity Center
- ☐ Amusement Park
- ☐ Animal Hospital
- ☐ Apartments (3+ dwelling units)
- ☐ Assembly/Disassembly
- ☐ Assisted Living Facility
- ☐ Auto Lube Center
- ☐ Automobile Sales
- ☐ Automotive Repair Garage
- ☐ Bank/Credit Union
- ☐ Banquet Hall
- ☐ Barber/Beauty Shop
- ☐ Barn
- ☐ Bldg w/Materials that Constitute a Health, Explosion, Fire or Toxic Health Hazard
- ☐ Business Office
- ☐ Car Wash (Auto/Self-service)
- ☐ Carports
- ☐ Child Care for 5+ children over the age of 2.5 yrs
- ☐ Church
- ☐ Convenience Store with Gas Pumps
- ☐ Dance Club
- ☐ Day Care - Not Educational
- ☐ Day Surgery
- ☐ Department Store
- ☐ Dormitory
- ☐ Fabricating
- ☐ Finishing
- ☐ Fire Station
- ☐ Fitness Center
- ☐ Fraternity/Sorority House
- ☐ Funeral Home
- ☐ Gas Station
- ☐ Golf Course/Tennis Court
- ☐ Hospital
- ☐ Hotel/Motel
- ☐ Indoor Arcade
- ☐ Indoor/Outdoor Sports Complex
- ☐ Junior/Community College/ University
- ☐ Library
- ☐ Manufacturing
- ☐ Medical Office
- ☐ Mini-Warehouse
- ☐ Night Club
- ☐ Nursing Home
- ☐ Packaging
- ☐ Park
- ☐ Parking Garage
- ☐ Photography Studio
- ☐ Post Office
- ☐ Professional Services (CPA, Attorney, etc.)
- ☐ Repair/Processing
- ☐ Restaurant
- ☐ Retail/Wholesale Store
- ☐ Retaining Wall
- ☐ Retirement Community
- ☐ School (ISD)
- ☐ School (Other than ISD) through the 12th Grade
- ☐ Take Out Food Establishment
- ☐ Theater
- ☐ Tower
- ☐ Undetermined Use (Shell Buildings Only)
- ☐ Unmanned Utility/ Existing Site
- ☐ Utility
- ☐ Veterinarian Clinic
- ☐ Warehouse Distribution
- ☐ Warehousing/Storage

FOR REFERENCE ONLY

3. REMODEL / ALTERATION / REPAIR PERMITS ONLY

- Project Scope: (check only one): ☐Antenna Co- locate on Cell Tower ☐Foundation Repair Only ☐Other ☐ Remodel Including Exterior Façade Work ☐ Roof Replacement Only
- Construction Valuation-Declared: $_____
- TDLR Registration Number: _____ (*Required if declared construction value is $50,000 or greater)*
- ***Building Permit Fee Valuation: $ _____ (FOR OFFICE USE ONLY)***
- Area of Tenant Space: _____ square feet
- Proof of Asbestos Survey ☐ Yes ☐ No
- Will this space be used as a medical office? ☐ Yes ☐ No
- Change of Use of building: ☐ Yes ☐ No
- Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24 hrs? ☐ Yes ☐ No
- Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines? ☐ Yes ☐ No
- Will a septic tank, grease trap or sand trap be used on the premises? ☐ Yes ☐ No
- Will any manufacturing take place on the Premises? ☐ Yes ☐ No
- Will liquid waste or sludge be generated and disposed of in the sewer system? ☐ Yes ☐ No
- Will any form of waste water pre-treatment be utilized at this location? ☐ Yes ☐ No
- Is the building equipped with a fire alarm, fire sprinkler system or a standpipe system? ☐ Yes ☐ No
- Energy Code Compliance *(check only one-must attach compliance forms)*
  ☐ ASHRAE 90.1 ☐ IECC; ☐ COMcheck w/ASHRAE; ☐ COMcheck w/IECC; ☐ Other
- Number of stories:_____
- Will the plan review be performed by a Third Party Organization? ☐ Yes ☐ No
- Will the inspections be performed by a Third Party Organization? ☐ Yes ☐ No
- Name of the Third Party Organization (Check only one):
  ☐ Bureau Veritas ☐ Metro Code Analysis ☐ North Texas Inspection Services ☐ Other
- Will/does this location have Gas Service? ☐ Yes ☐ No
- Will/does this location have Electrical Service? ☐ Yes ☐ No

MAIN USE (Must select one use from the list below)

- ☐ Amenity Center
- ☐ Amusement Park
- ☐ Animal Hospital
- ☐ Apartments (3+ dwelling units)
- ☐ Assembly/Disassembly
- ☐ Assisted Living Facility
- ☐ Auto Lube Center
- ☐ Automobile Sales
- ☐ Automotive Repair Garage
- ☐ Bank/Credit Union
- ☐ Banquet Hall
- ☐ Barber/Beauty Shop
- ☐ Barn
- ☐ Bldg w/Materials that Constitute a Health, Explosion, Fire or Toxic Health Hazard
- ☐ Business Office
- ☐ Car Wash (Auto/Self-service)
- ☐ Carports
- ☐ Child Care for 5+ children over the age of 2.5 yrs
- ☐ Church
- ☐ Convenience Store with Gas Pumps
- ☐ Dance Club
- ☐ Day Care - Not Educational
- ☐ Day Surgery
- ☐ Department Store
- ☐ Dormitory
- ☐ Fabricating
- ☐ Finishing
- ☐ Fire Station
- ☐ Fitness Center
- ☐ Fraternity/Sorority House
- ☐ Funeral Home
- ☐ Gas Station
- ☐ Golf Course/Tennis Court
- ☐ Hospital
- ☐ Hotel/Motel
- ☐ Indoor Arcade
- ☐ Indoor/Outdoor Sports Complex
- ☐ Junior/Community College/ University
- ☐ Library
- ☐ Manufacturing
- ☐ Medical Office
- ☐ Mini-Warehouse
- ☐ Night Club
- ☐ Nursing Home
- ☐ Packaging
- ☐ Park
- ☐ Parking Garage
- ☐ Photography Studio
- ☐ Post Office
- ☐ Professional Services (CPA, Attorney, etc.)
- ☐ Repair/Processing
- ☐ Restaurant
- ☐ Retail/Wholesale Store
- ☐ Retaining Wall
- ☐ Retirement Community
- ☐ School (ISD)
- ☐ School (Other than ISD) through the 12th Grade
- ☐ Take Out Food Establishment
- ☐ Theater
- ☐ Tower
- ☐ Undetermined Use (Shell Buildings Only)
- ☐ Unmanned Utility/ Existing Site
- ☐ Utility
- ☐ Veterinarian Clinic
- ☐ Warehouse Distribution
- ☐ Warehousing/Storage

FOR REFERENCE ONLY

4. **INTERIOR FINISH PERMIT ONLY**

- Construction Valuation Declared: $_____
- TDLR Registration Number: _____ (*Required if declared construction value is $50,000 or greater)*
- ***Building Permit Fee Valuation: $ _____ (FOR OFFICE USE ONLY)***
- Area of Tenant Space: _____ square feet
- Proof of Asbestos Survey ☐ Yes ☐ No
- Will this space be used as a medical office? ☐ Yes ☐ No
- Change of Use of building: ☐ Yes ☐ No
- Will this facility be providing supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24? ☐ Yes ☐ No
- Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines? ☐ Yes ☐ No
- Will a septic tank, grease trap or sand trap be used on the premises? ☐ Yes ☐ No
- Will any manufacturing take place on the Premises? ☐ Yes ☐ No
- Will liquid wastes or sludge be generated and disposed of in the sewer system? ☐ Yes ☐ No
- Will any form of waste water pre-treatment be utilized at this location? ☐ Yes ☐ No
- Is the building equipped with a fire alarm, fire sprinkler system or a standpipe system? ☐ Yes ☐ No
- Energy Code Compliance Approach (Check only one-must attach compliance forms):
  ☐ ASHRAE 90.1; ☐ IECC; ☐ COMcheck w/ASHRAE; ☐ COMcheck; ☐ Other
- Number of stories:_____
- Will plan review be performed by a Third Party Organization? ☐ Yes ☐ No
- Will inspections be performed by a Third Party Organization? ☐ Yes ☐ No
- Name of the Third Party Organization (Check only one):
  ☐ Bureau Veritas ☐ Metro Code Analysis ☐ North Texas Inspection Services ☐ Other
- Will/does this location have Gas Service? ☐ Yes ☐ No
- Will/does this location have Electrical Service? ☐ Yes ☐ No

Main Use (Must select one use from the list below):

□ Amenity Center	□ Day Surgery	□ Packaging
□ Amusement Park	□ Department Store	□ Park
□ Animal Hospital	□ Dormitory	□ Parking Garage
□ Apartments (3+ dwelling units)	□ Fabricating	□ Photography Studio
□ Assembly/Disassembly	□ Finishing	□ Post Office
□ Assisted Living Facility	□ Fire Station	□ Professional Services (CPA, Attorney,
□ Auto Lube Center	□ Fitness Center	□ Repair/Processing
□ Automobile Sales	□ Fraternity/Sorority House	□ Restaurant
□ Automotive Repair Garage	□ Funeral Home	□ Retail/Wholesale Store
□ Bank/Credit Union	□ Gas Station	□ Retaining Wall
□ Banquet Hall	□ Golf Course/Tennis Court	□ Retirement Community
□ Barber/Beauty Shop	□ Hospital	□ School (ISD)
□ Barn	□ Hotel/Motel	□ School other than (ISD) through the
□ Bldg w/Materials that Constitute a Hlth, Explosion, Fire or Toxic Hlth Hazard	□ Indoor Arcade	□ Take Out Food Establishment
□ Business Office	□ Indoor/Outdoor Sports Complex JR/Community	□ Theater
□ Car Wash (Auto/Self-service)	□ Junior/Community	□ Tower
□ Carports	□ Library	□ Undetermined Use (Shell Buildings
□ Child Care for 5+ children over the age of of 2.5 yrs	□ Manufacturing	□ Unmanned Utility/Existing Site
□ Church	□ Medical Office	□ Utility
□ Convenience Store with Gas Pumps	□ Mini-Warehouse	□ Veterinarian Clinic
□ Dance Club	□ Night Club	□ Warehouse Distribution
□ Day Care - Not Educational	□ Nursing Home	□ Warehousing/Storage

FOR REFERENCE ONLY

5. ***MOVE PERMITS,*** provide the following information:
   - Number of days moved buildings to be on city streets:___days
   - Number of structures to be moved: _____
   - Area of 1st building to be moved: _____square feet
   - Area of 2nd building to be moved:_____square feet
   - Area of 3rd building to be moved:_____square feet
   - Type of Move *(select only one)* : ☐ Into the City ☐ Out of the City ☐ Within the City ☐ Through the City

6. ***DEMOLITION PERMITS,*** provide the following information:

   - Total Building square footage (all floors/levels/all structures): _____
   - Site area: _____ square feet
   - Proof of Asbestos Survey: ☐ Yes ☐ No
   - Number of structures to be demolished: _____
   - Area of 1st building to be demolished: _____ square feet
   - Area of 2nd building to be demolished: _____ square feet
   - Area of 3rd building to be demolished: _____ square feet

FOR REFERENCE ONLY

7. NEW CONSTRUCTION AND REMODEL PERMITS FOR WIRELESS FACILITIES ONLY

A. GENERAL INFORMATION

1) Total site square footage: _____ square feet

2) Construction Valuation-Declaration: $ _____

3) Building Permit Fee Valuation $ _____

4) Is the site referenced in this permit application located in any public right-of-ways or easements?

☐ Yes ☐ No

If yes, describe in detail the legal authority that granted the Applicant the privilege to use the right-of-way for a wireless facility. _____

_____

5) Is applicant the underlying owner of the property for the Project? ☐ Yes ☐ No

If not, please include the Property Owner's name, company or firm, title, address, email and telephone number.

_____

_____

If not, please attach a letter of agency appointing the applicant as agent to sign the Application on the Property Owner's behalf.

B. DESCRIPTION OF EXISTING TOWER OR BASE STATION

1) Is this an existing tower or base station? ☐ Yes ☐ No

- If yes please provide a description of the facility that is referenced in this permit application.

  _____

- If yes please provide a description of the current site, this would include the current boundaries of the leased or owned property that surrounds the tower or support structure along with any access or utility easements currently associated with the site. For towers or support structures located in a public right- of-way the site would be further restricted to the area that composes the base of the structure and to any other equipment already located on the site area.

  _____

- If yes please provide all related information and documentation to verify that the structure where the work is proposed in the permit application to be performed has received all of the proper land use approvals for the existing wireless facility. This information should include the date(s) of land use approval along with any applicable case or permit numbers related to the site.

  _____

2) Was the site approved with any requirements for concealment (stealth) or screening? ☐ Yes ☐ No

- If yes, please include that information along with a detailed description of how the proposed work will comply with the previously imposed conditions for the site. _____

  _____

FOR REFERENCE ONLY

C. COLLOCATION PROJECT UNDER 47 U.S.C. § 322 (C) (7)

1. Is this a collocation on an existing tower under Section 322 (c) (7)? ☐ Yes ☐ No

2. If yes, describe the reasons upon which applicant believes the Project is eligible for collocation under 47 U.S.C. § 322 (c) (7). _____

D. **ELIGIBLE FACILITIES REQUEST FOR MODIFICATION UNDER 47 U.S.C. § 1455 (SECTION 6409 A)**

1. Is this a Section 6409 (a) eligible facilities request for modification? ☐ Yes ☐ No

2. Is the Project an "eligible facility" as either a "tower" or a "base station" as defined in FCC Rules 47 C.F.R. §1.40001 (b) (5)? ☐ Tower ☐ Base Station

3. Explain in detail _____

4. Is this a collocation of any new transmission equipment? ☐ Yes ☐ No

5. Is this a removal of any existing transmission equipment? ☐ Yes ☐ No

6. Is this a replacement of any existing transmission equipment? ☐ Yes ☐ No

E. **SUBSTANTIALLY CHANGE THE PHYSICAL DIMENSIONS.**

1. Does the requested modification or collocation "substantially change the physical dimensions" of the existing tower or base station, as those terms are defined in FCC Rules, 47 C.F.R. § 1.40001(b)? ☐ Yes ☐ No

2. Provide the current height of the existing structure: _____

3. What is the proposed height of the structure after the colocation, addition, removal or replacement of any transmission equipment? _____

4. What is the distance that any facilities will protrude from the body of the structure after installation of any new, added or replaced components? _____

5. Will the proposed work require any excavation of location of equipment outside of the current site boundaries? ☐ Yes ☐ No

6. Will there be any change in the quantity, locations and dimensions of any equipment cabinets as part of the proposed Project? ☐ Yes ☐ No

7. Please provide the quantity, locations and dimensions of any equipment cabinets that are part of the proposed work associated with the permit application. _____

8. Please provide the quantity, locations and dimensions of any equipment cabinets that are currently located at this site. _____

9. Please provide the quantity, locations, dimensions, equipment types, model numbers and manufacturer specifications. _____

10. Please provide information regarding any nuisances that could be created with the installation of new equipment at the site (i.e. noise, illumination, etc.) _____

FOR REFERENCE ONLY

SUBMITTAL INFORMATION

SUBMITTAL INFO: All submittals MUST include the following information for permit processing:

1. Written authorization from the property owner (if the applicant is not the property owner).

2. A complete application, two complete sets of plans and specifications.

3. Detailed to scale drawings depicting the existing wireless facilities structure identifying all equipment as it is at the time of the application, as applicable, and as the Project will be after the requested modification, in both an overhead format, and in elevations from each side including any physical, wireline, interconnections to other locations, noting existing wireline connections and new ones. These documents MUST be to a standard and legible scale for review.

4. The documents shall contain notes indicating how specific requirements of the City ordinance will be attained.

5. Part of the submittal documents shall contain a narrative that explains in basic and fact-specific terms whey the application is believed (1) to qualify as an eligible facility request and (2) will not result in a significant change. The narrative should also reference the applicable standards for each item and discuss the facts that would allow the City to find compliance that the application qualifies for approval under the adopted City ordinance.

FOR REFERENCE ONLY