



Community & Economic Development Department | Planning Division

200 Old Bernal Ave. | P.O. Box 520, Pleasanton, CA 94566

Main line: 925-931-5600 | POD cellphone: 925-437-4009 | E-mail: pod@cityofpleasantonca.gov

Wireless Facility Permit Application Cover Page

INSTRUCTIONS:

Applicants must submit this Wireless Facility Permit Application Cover Page, the applicable Permit Application, and all information and materials required by the applicable Permit Application. City staff may deem an application incomplete if the applicant fails to include any required information or materials.

Submit all application forms, documents, and information to the Department's online permitting portal only during the Department's "Permit Center Hours" as published on the Department's website. The Department's Permit Center Hours exclude City holidays or other days that the City is closed. Any applications submitted, or resubmitted as the case may be, after such Permit Center Hours will be deemed submitted, or resubmitted, and received by the Department at the start of "Permit Center Hours" on the next scheduled working day. Any application received in a manner not authorized by this policy or alternatives established by the Director, whether delivered in-person, by mail, electronically or through any other means, will not be considered duly filed whether the City retains the submitted materials or not.

GENERAL CONTACT INFORMATION:

Applicant:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Applicant's Authorized Representative:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Real Property Owner (or Pole Owner if in PROW):

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

SITE LOCATION AND DESCRIPTION:

Project Name: _____

Project Address: _____

APN (if applicable): _____

Zoning Designation: _____

General Plan Designation: _____

Pole Coordinates (if applicable): _____

Pole Number (if applicable): _____

Present Use of Site Location: _____

Project Description: _____

WIRELESS FACILITY APPLICATION TYPE:

- ☐ Wireless Telecommunications Facilities (Macro)
- ☐ Small Wireless Facilities
- ☐ Section 6409(a) Eligible Facilities Requests
- ☐ Batched Wireless Broadband Facilities (AB 965)

APPLICABLE SHOT CLOCK (INFORMATIONAL ONLY)

Applicant believes that the applicable shot clock for the wireless facility application type is:

- ☐ 60 days ☐ 90 days ☐ 150 days

SIGNATURES AND STATEMENT OF TRUTH AND ACCURACY

Under penalty of perjury, the undersigned certifies on behalf of itself, the applicant and the real property owner that all statements, information, representations, disclosures, documents, and plans submitted in this application, including but not limited to any supplements in this application, are true, correct and complete to the best of the undersigned's ability and knowledge.

Real Property Owner's Signature

Date

Printed Name

Applicant/Authorized Representative's Signature

Date

Printed Name**STAFF USE ONLY****Permit/Application Number:** _____**Received By:** _____**Pre-Application Conference Date (if applicable):** _____**Application Submittal Date:** _____**Community Meeting Date (if applicable):** _____**Completeness Review Deadline:** _____