



Wireless Telecommunication Facilities (WTF)

All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (as noted on the Application Instructions). A case planner will be assigned after the application is officially submitted.

FOR STAFF USE ONLY

___ EIF/EIR on file, Case No. _____ Date _____
___ Previous EIF/EAF/EIR applicable
___ No. _____ (mins. attached)
___ Project Exempt (forms attached) Initials _____

CASE NO. _____
DATE _____

Please PRINT or TYPE all information

PART 1 – PROPERTY INFORMATION

- A. Street address of premises for which the WTF is requested _____
- B. Zone(s) / District(s) _____
- C. Listed on Glendale Register? Yes No In a Historic District? Yes No
- D. Legal description of the property

PART 2 – APPLICANT INFORMATION

- A. _____
(First Name) (Last Name)
- B. _____
(Street Address) (City) (State) (Zip Code)

(Area Code - Phone Number) (Email address)
- C. Check one box - Architect Builder/Developer Consultant Owner Other

PART 3 – WIRELESS TELECOMMUNICATION FACILITY INFORMATION

- A. Project description
- _____

- B. Applicant requests
- _____

as regulated by Section/s _____, of the Glendale Municipal Code.

C. Present use

PART 4 – FINDINGS OF FACT (per Glendale Municipal Code Title 30, Chapter 30.48.040)
A WTF shall be granted ONLY if each of the following findings exists:

1) To the maximum extent reasonably feasible, the proposed wireless telecommunications facility has been designed to achieve compatibility with the community;

2) Alternative configurations will not increase community compatibility or are not reasonably feasible.

3) Alternative locations on the site will not increase community compatibility or are not reasonably feasible.

4) The location of the wireless telecommunications facility on alternative sites will not increase community compatibility or is not reasonably feasible.

5) The facility is necessary to close a significant gap in coverage.

6) The applicant has submitted a statement of its willingness to allow other carriers to co-locate on the proposed wireless telecommunications facility wherever technically and economically feasible and where co-location would not harm community compatibility.

7) Noise generated by equipment will not be unnecessary, excessive, annoying nor be detrimental to the public health, safety, and welfare.

8) The facility complies with all of the requirements of state and federal laws, regulations and orders.

Statement of additional facts related to the WTF request

Note: Failure to furnish the above information will delay action on the request. Two (2) copies of this application are to be submitted. Attach additional pages as needed.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION:

Property Owner acknowledges that he/she has reviewed Chapter 30.40 of the Glendale Municipal Code, and is knowledgeable of the provisions therein. Property Owner acknowledges that certain applications for a permit for wireless telecommunications facilities, may, at the discretion of the Director of Community Planning require an independent evaluation of the technical aspects of the application. By signing this application, the Property Owner provides the requisite written authorization to the City to hire the consultant.

Prior to hiring the independent, qualified consultant, City will request the consultant to provide an estimate for the total cost to complete such a review. Property Owner agrees to deposit with City the total estimated cost for the expert review. Property Owner acknowledges that the actual cost of the review may exceed the estimate provided by the consultant, in which case, Property Owner agrees to pay any additional fees associated with completing the expert review. Property Owner acknowledges that the application may be deemed incomplete until all such fees have been paid. In the event that the cost for the expert review exceeds the estimated cost on deposit with the City, then the City will refund the difference.

1. _____
Property Owner's Name – Please Print

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Phone No. Date

2. _____
Property Owner's Name – Please Print

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Phone No. Date

Signature and name of applicant if other than property owner:

1. _____
Applicant's Name – Please Print

Applicant's Signature

Date

2. _____
Applicant's Name – Please Print

Applicant's Signature

Date

FOR STAFF USE ONLY

Date received in Permit Services Center _____ Received by _____ Date Stamp
Fee paid _____ Receipt No. _____