



# CITY OF LAGUNA HILLS

## 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 projects *NOT in the public Right of Way*. Attach additional sheets if necessary.

**Project Address:** \_\_\_\_\_

**Applicant/Carrier:** \_\_\_\_\_

**Brief Project Description/Scope:** \_\_\_\_\_

1. Is the project a collocation or modification of an existing approved communications facility? **Yes / No**  
**If no**, stop filling out this form. The project is subject to standard zoning review – typically a Conditional Use Permit (a Site Development Permit in some cases). Please submit this partially completed form with your zoning application.  
**If yes**, please complete the remainder of this form.

2. Describe, in detail, the existing approved facility (type, size, height, equipment, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List previous approvals for cellular installations at the site (include carrier and entitlement permit number or resolution number). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What modifications are proposed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit this completed form with (1) two copies of the plans, (2) letter of authorization, (3) current photos of the site, (4) one RF study, if applicable (e.g. equipment removal does not require RF study), and (5) Wireless Facility Permit Request fee of \$349.75 to the Planning Division for review. Applications are only accepted in person, during counter hours. You will be notified as soon as possible in the event that further information is needed to determine the project’s eligibility for review under 6409(a) regulations.**

As the Applicant/representative for the Applicant, I acknowledge that the above information and supporting documents provided are, to the best of my knowledge, an accurate and complete representation of the proposed project.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**--Staff Use Only--**

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Initial Submittal: \_\_\_\_\_

1<sup>st</sup> Incomplete: \_\_\_\_\_

Days in Review (30 max): \_\_\_\_\_

2<sup>nd</sup> Submittal: \_\_\_\_\_

2<sup>nd</sup> Incomplete: \_\_\_\_\_

Days in Review (10 max): \_\_\_\_\_

3<sup>rd</sup> Submittal: \_\_\_\_\_

3<sup>rd</sup> Incomplete: \_\_\_\_\_

Days in Review (10 max): \_\_\_\_\_

4<sup>th</sup> Submittal: \_\_\_\_\_

TOTAL Days in Review (max 60): \_\_\_\_\_

**DETERMINATION\*\***

The project meets the criteria for review under 6409(a). No further review is required. Please proceed to building plan check. Submit a copy of this form when submitting for building plan check.

The project, as described, does not meet the criteria for review under 6409(a) for the below reason(s) and a **CUP / SDP** (circle one) is required.

\_\_\_\_ The project is not a collocation or modification to an existing approved wireless facility.

\_\_\_\_ The project represents a "substantial change" to the existing facility, as defined by the FCC.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

\*\*Please note: This Determination remains valid unless and until the subject site is modified such that the information provided on this screening form is no longer accurate (e.g. the existing support structure is modified, wireless facility equipment is added or modified, there are additional entitlements/approvals for wireless facilities at the site, etc).