



APPLICATION FOR ELIGIBLE FACILITIES REQUEST

APPLICANT INFORMATION

Name:		
Company:		
Address:		
City:	State:	ZIP Code:
Telephone:		
Email Address:		

PROPERTY OWNER INFORMATION

Property Owner Name:		
Property Owner Address:		
City:	State:	ZIP Code:
Telephone:		
Email Address:		

PROPERTY/SITE AND LAND USE INFORMATION

Site address and/or parcel identification number:		
Property Size (square feet):	Zone District:	
Case number of approved Site Development Plan (SDP) for current facility or structure:		
Date of SDP approval for current facility or structure:		
List approved height of current facility or structure:		
List any conditions of approval for concealment or camouflage and/or other conditions:		

- All submittals MUST include the following with this application:**
1. Notarized letter of authorization from property owner allowing applicant to process application and granting legal access to the utilities operating and maintaining the WCF.
 2. Two (2) printed AND one (1) electronic versions of application, site plan, and all other documents.
 3. Site development plan showing location of proposed facilities and equipment to scale.
 4. Building Facade Elevations showing location of proposed facilities and equipment to scale.
 5. Notes on drawings indicating how specific requirements of §10-16 are being met.
 6. A written narrative that explains in plain and fact-specific terms describing compliance with the requirements for eligible facilities, specifically that the proposed facility (1) qualifies as an eligible facilities request and (2) will not result in a substantial change. The narrative should state the applicable standards for each issue and discuss the facts that allow the City of Littleton to find that the application qualifies for approval under §10-16.
 7. Engineer certification that the existing tower or base station can accommodate the facilities consistent with all applicable building and safety codes.
 8. Application fee: \$2,063

Applicant Signature:	Date
----------------------	------

FOR STAFF USE ONLY

Submittal Date:	Case Number:	Fees:
Complete: Yes No	Reviewed by:	Date:

Standards for Eligible Facility Met	Standards NOT Met (see attached staff analysis)
Refer to Planning Commission for review and recommendation (date)	Refer to City Council based on Planning Commission recommendation (date)

**NARRATIVE WORKSHEET
(Complete all sections)**

**DESCRIPTION OF EXISTING TOWER/BASE STATION (ELIGIBLE SUPPORT STRUCTURE)
AND DESCRIPTION OF ELIGIBLE FACILITIES REQUEST**

Describe the eligible facilities request:

Describe the current site including the existing base station. Refer to §10-16 for definitions.

Describe how this request meets any previous requirements for concealment/camouflage (attach photo simulations depicting compliance):

Is this request for a collocation of new equipment?	Yes	No
Is this request for removal of existing equipment?	Yes	No
Is this request for replacement of existing equipment?	Yes	No
Is this request located in a public right-of-way (ROW)? (If in ROW, provide copy of master license agreement for use of public ROW)	Yes	No
Does this application involve any excavation or location of equipment outside the boundaries of the Site?	Yes	No

Height of existing structure:		Height of structure after collocation/removal/replacement:	
--------------------------------------	--	-------------------------------------------------------------------	--

Current equipment cabinets (label and dimension on site plan):

Height	Width	Depth	Setbacks from property lines

New/replacement equipment cabinets (label and dimension on site plan and elevation sheets):

Height	Width	Depth	Setbacks from property lines

Equipment Type	Model Number	Depth	Noise Decibels

Additional Manufacturer Specifications (i.e. dimensions, weight, wind load)