

# City of Surprise

## ADMINISTRATIVE (TYPE 1) WIRELESS FACILITIES PERMIT / PLAN REVIEW APPLICATION FOR WIRELESS FACILITIES LOCATED ON PROPERTY OUTSIDE OF RIGHT-OF-WAY

### FORM WF04

**Request Type:** (select one)

- |   |   |
|---|---|
| <input type="checkbox"/> Monopole Collocation             | <input type="checkbox"/> Major Alternative Facility Location Modification |
| <input type="checkbox"/> Major Monopole Modification      | <input type="checkbox"/> Small Wireless Facility (SWF) Outside the ROW    |
| <input type="checkbox"/> Monopole on City Property        | <input type="checkbox"/> Cellular on Wheels (COW)                         |
| <input type="checkbox"/> Alternative Location             |   |
| <input type="checkbox"/> Alternative Facility Collocation |   |

**Property Information:**

Property Address (if known): \_\_\_\_\_

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

Property Location: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ MCR: \_\_\_\_\_

**Minimum Submittal Requirements:**

- Type 1 Wireless Facilities Permit/Plan Review Application
- Application Fee \$400.00
- Narrative
- Site Plan with administrative signature block (attached)
- Elevations
- Landscape Plan - if applicable
- Grading and Drainage plan/statement (for monopoles, alternative locations, and SWFs)
- Before/After Photosimulations
- Executed Lease Agreement

An application that does not include all items indicated on this checklist may be rejected immediately. An application received by the City does not constitute that the application meets the minimum requirements.

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Owner and Applicant Authorization:**

The owner and authorized agent of the subject lot or parcel guarantees the information and plans provided are correct to the best of their knowledge including recorded lot dimensions and structure locations.

_____	_____	_____	_____
Applicant Printed Name	Date	Applicant Signature	Date

_____	_____	_____	_____
Owner/Agent Printed Name	Date	Owner/Agent Signature	Date

<b>Internal Use Only</b>	
Received By: _____	Date: _____
Application Number: _____	

**Exhibit A**

**City of Surprise Signature block to be placed on Site Plan**

<b>Administrative Approval</b>	
<b>Community Development Director</b>	Date:
<b>City Engineer</b>	Date: