



**City of Carmel-by-the-Sea  
Community Planning & Building Department**

Monte Verde Street between  
Ocean and Seventh Avenues

Phone: (831) 620-2010

Email: [planning@ci.carmel.ca.us](mailto:planning@ci.carmel.ca.us)

Web address: <https://ci.carmel.ca.us>

**Wireless Facilities  
Permit Application Cover Page (1 of 2)**

**INSTRUCTIONS:**

Applicants must submit this Wireless Facilities Permit Application Cover Page and the applicable Application Checklist for the application type, together with all information and materials provided in the applicable Application Guidelines for the application type. City staff may deem the application incomplete if the applicant fails to include any required information or materials.

Applicants may submit applications by appointment only. For an appointment, contact the Planning Division.

**Applicant:**

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

Company: \_\_\_\_\_

City Business License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant's Authorized Representative:**

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Property Owner / Pole Owner / Structure Owner:**

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signatures and Statement of Truth and Accuracy**

*Under penalty of perjury, the undersigned certifies on behalf of itself and the applicant 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.*

**Property Owner's Signature:** (see application checklist instructions for Pole Owner in ROW)

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant or Authorized Representative's Signature:** (if different from Property Owner)

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Wireless Facilities Permit Application Cover Page (2 of 2)

**Site Location and Description:**

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

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

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

APN (if applicable): \_\_\_\_\_ Zoning Description: \_\_\_\_\_

Pole Coordinates (if applicable): \_\_\_\_\_

Pole Number (if applicable): \_\_\_\_\_

Current Use of Site Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wireless Facilities Application Type:**

Macro Wireless Facilities

Section 6409 Eligible Facilities Request

Small Wireless Facilities

Emergency Standby Generator for Macro Cell Tower Site

Small Wireless Facilities Batched Application:  Yes  No If batched, number of applications in batch is: \_\_\_\_\_

Applicable Shot Clock Period (for informational purposes only):  60 days  90 days  150 days  OTHER: \_\_\_\_\_

**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: \_\_\_\_\_