

Small Wireless Facility (SW)



Development Application Checklist

OFFICIAL USE ONLY

City Staff Contact: _____ Email: _____

Phone: _____

Small Wireless Facility Site Name / Number:

Site Address:

Site Zoning District Designation:

Application Request:

Pole Owner:

Pole ID Number:

Cubic Feet of Antenna Equipment:

Cubic Feet of non-antenna equipment:

CMRS Carrier's Customer for this location:

CMRS Carrier's Radio Frequency (MHz/GHz) at site:

Owner:	Applicant:
Company:	Company:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:

Submittal Requirements: Digital Plan Set

<input checked="" type="checkbox"/> Completed Application (this form) and Application Fee: <u>\$ 750.00</u> or <u>\$ 1,000.00</u> or \$ _____	<input checked="" type="checkbox"/> Preliminary Drawings Digital – provide link to digital SW submittal
<input checked="" type="checkbox"/> Narrative – Describe the request. This shall include efforts made to minimize the visual impact of the antennas and equipment.	<input checked="" type="checkbox"/> Documents for Dedication of R.O.W. or public utility easement to Scottsdale. (City may require a title report during preliminary review)
<input checked="" type="checkbox"/> Letter of Site Compliance with FCC OET Bulletin 65 (RF Exposure)	<input checked="" type="checkbox"/> Color photographs of site – include area of request.
<input checked="" type="checkbox"/> Photo simulations of proposed Small Wireless Facility.	<input type="checkbox"/> Antenna Site Right-of-Way License Agreement Signed by Provider with Certificate of Insurance & proof of sufficient letter of credit amount
<input type="checkbox"/> Letter of Authorization from pole owner (if applicable)	<input type="checkbox"/> Other: _____

Please indicate in the checkbox below the requested review methodology (please see the descriptions on page 2):

<input type="checkbox"/> Enhanced Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Enhanced Application Review methodology.
<input type="checkbox"/> Standard Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Standard Application Review methodology.

_____ Owner Signature	_____ Agent/Applicant Signature
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Planning and Development Services

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