



CITY OF EL PASO PERSONAL WIRELESS SERVICE FACILITY(PWSF) REVIEW APPLICATION

Please fill in all the required information below. The information provided herein and the information required per the PWSF Checklist and Instructions will constitute your application submission for PWSF Review. This application and all documents required in the Checklist and Instructions must be submitted online at <https://epermits.elpasotexas.gov/CitizenAccess/>. Any questions regarding this application or a proposed project can be answered by Andrew Salloum at salloumam@elpasotexas.gov or Raul Garcia at garcia1@elpasotexas.gov.

Within 30 days of receipt of this completed application along with the required documentation, City staff will review the application for completeness and notify the applicant if any information is missing. Notice of an incomplete application will stop the applicable timeline for the City to review and act on the application, until such time as the City receives all of the missing information. The remaining time for the City to review and act on the application does not start again until all the missing information has been provided to the City.

| SECTION 1.00 APPLICANT INFORMATION | | | | |
|---|---------------------------|-------|--------|-----------|
| <i>See Instructions Section 1.00 for more information on how to complete this section. Provide full legal name of all applicants, representatives, and property owners. Include full names of individuals and corporate entities.</i> | | | | |
| 1.1 | PROPERTY OWNER(S): | | | |
| | ADDRESS: | CITY: | STATE: | ZIP CODE: |
| | PHONE: | FAX: | EMAIL: | |
| 1.2 | APPLICANT: | | | |
| | ADDRESS: | CITY: | STATE: | ZIP CODE: |
| | PHONE: | FAX: | EMAIL: | |
| 1.3 | REPRESENTATIVE: | | | |
| | ADDRESS: | CITY: | STATE: | ZIP CODE: |
| | PHONE: | FAX: | EMAIL: | |

| SECTION 2.00 TYPE OF PWSF APPLICATION FOR PURPOSES OF LAW: SECTION 332 (c)(7) OR SECTION 6409 (a) | | |
|---|---|---------------------|
| <i>Information in this section will be used to determine the appropriate application process and timeline for the proposed project. This completed application must be accompanied by a detailed statement supporting the answers to the following questions. For information about supporting documentation that will be required for Questions 2.1 and 2.2 below, see Instructions.</i> | | |
| 2.1 | PROJECT INFORMATION FOR DETERMINATION OF PROJECT TYPE | |
| | Is this project limited to a collocation under Section 332(c)(7) | |
| | Is this project limited to modification under Section 6409? | |
| | Is this project to construct a new tower or something other than the above? | |
| 2.2 | PLEASE DESCRIBE PROPOSED IMPROVEMENTS TO DETERMINE ELIGIBILITY FOR SHORTER 60 OR 90 DAY REVIEW: | |
| a. | Tower height: | Existing: Proposed: |
| b. | Tower width (with protrusions): | Existing: Proposed: |
| c. | Number of cabinets: | Existing: Proposed: |
| d. | Height of cabinets: | Existing: Proposed: |
| e. | Width of cabinets | Existing: Proposed: |
| f. | Number of equipment shelters: | Existing: Proposed: |
| g. | Equipment shelter height: | Existing: Proposed: |
| h. | Equipment shelter width: | Existing: Proposed: |
| i. | Number of antennas: | Existing: Proposed: |
| j. | Antenna height: | Existing: Proposed: |
| k. | Antenna width: | Existing: Proposed: |
| l. | Is the excavation or deployment outside the current boundaries of the leased or owned property surrounding the tower and any access or utility easement related to the site? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | If yes, show on site plan. | |

APPLICATION NUMBER: _____

DATE RECEIVED: _____

SECTION 3.00 GENERAL PROJECT INFORMATION

NOTE: Question 3.7 does not apply to qualified Section 6409 (a) applicants. All others, please answer 3.1 – 3.7. For more information on supporting documentation that may be required for this section, see Instructions Section 3.00.

- 3.1 Parcel Identification (PID) Number:
- 3.2 Legal Description:
- 3.3 Street Address or Location:
- 3.4 City Representative District #:
- 3.5 Acreage:
- 3.6 Project Valuation:
- 3.7 Please provide a detailed map, rendering, and site plan of the proposed project.

SECTION 4.00 EXISTING ZONING REQUIREMENTS AND ANY VARIANCES REQUESTED

NOTE: This section does not apply to qualified Section 6409 (a) applicants. All others, please answer 4.1 – 4.5. For more information on supporting documentation that may be required for this section, see Instructions Section 4.00.

- | | | |
|---|-------------------|---|
| 4.1 Zoning: | Overlay District: | Present Land Use: |
| 4.2 Historic Designation: | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4.3 Does the project meet all land use requirements for the subject property? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4.4 Will any variances, or special permits be necessary to complete the project? If yes, please describe. | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4.5 Are there any Conditions or Special Contracts on the subject property Will the proposed project meet all applicable Conditions and Special Contracts? If no, please explain in an attached statement. | | YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |

SECTION 5.00 PROJECT USE AND PURPOSE

NOTE: This section does not apply to qualified Section 6409 (a) applicants. All others, please answer 5.1. For more information on supporting documentation that may be required for this section, see Instructions Section 5.00.

- 5.1 Please describe the use and purpose of the proposed project.

SECTION 6.00 SIGNIFICANT GAPS

NOTE: This section does not apply to qualified Section 6409 (a) applicants. All others, please answer 6.1 a – d. For more information on supporting documentation that may be required for this section, see Instructions Section 6.00.

- 6.1 Is this project needed to close a “significant gap” in cellular coverage? YES NO
If the project is intended to close a “significant gap,” please answer the following:
 - a. Please substantiate through a qualified RF Engineer that a significant gap exists. (attach proof)
 - b. Are there alternative candidate sites to close the significant gap? YES NO
 - c. Is the proposed site the one and only location to close the significant gap? YES NO

SECTION 7.00 LEASE ALLOWANCE OF ADDITIONAL WIRELESS FACILITIES AND/OR PROVIDERS

NOTE: This section does not apply to qualified Section 6409 (a) applicants. Response is optional for all others. For more information on supporting documentation that may be requested for this section, see Instructions, Section 8.00.

- 8.1 Is there lease allowance for additional wireless facilities and/or providers at the subject property? YES NO

SECTION 8.00 OWNERS OF RECORD FOR THE ABOVE DESCRIBED PARCELS

NOTE: If signatures are not provided on this form, please provide them in a separate, notarized document. If the applicant is not the property owner, please submit a Letter of Agency. For further instructions on this section, please see Instructions, Section 8.00.

| | |
|--------------|-----------|
| PRINTED NAME | SIGNATURE |
| PRINTED NAME | SIGNATURE |
| PRINTED NAME | SIGNATURE |

APPLICATION FEE: REFER TO SCHEDULE C (ADOPTED FEES), CITY OF EL PASO ANNUAL BUDGET. 2015 FEES CAN BE FOUND HERE: <http://www.elpasotexas.gov/~media/files/coep/city%20development/schedule-c%20fy2015.ashx?la=en>