KERN COUNTY PLANNING AND NATURAL RESOURCES DEPARTMENT

SECTION 6409(a) COMPLIANCE FORM

This form shall be completed in its entirety, and submitted with any and all permit applications seeking approval under the guidelines and parameters set forth in Section 6409(a), Wireless Facilities Deployment, of the Middle Class Tax Relief and Job Creation Act of 2012. Incomplete submittals will not be accepted. Any submittals not including a complete set of 11x17 in. construction drawings will be considered incomplete.

APPLICANT INFORMATION:
Name: ________________________________
Mailing Address: ________________________________
Telephone: ______________________ Email: ________________________________

PROJECT ENGINEER INFORMATION:
Name: ________________________________
Mailing Address: ________________________________
Telephone: ______________________ Email: ________________________________

FACILITY INFORMATION:
Address: ________________________________
Assessor’s Parcel Number(s): ________________________________
Conditional Use Permit: __________________ Building Permit: __________________

PROJECT INFORMATION:
The following questions shall be answered to ensure compliance with Section 6409:

1. Type of tower:

   Lattice: ______
   Monopole: ______
   Slim-line monopole: ______
   Stealth: ______
   Type of concealment: ________________________________

2. Will the modification increase the height of the tower by the greater of: (a) more than 10%; or (b) the height of one additional antenna array plus 20 feet? Yes / No
3. Does the project protrude from the edge of the tower by the greater of: (a) more than 20 ft.; or (b) more than the width of the tower structure at the level of the appurtenance? Yes / No

4. Number of existing equipment cabinets: ___________
   Number of proposed equipment cabinets: ___________

5. Existing square footage of owned/leased area: ___________
   Proposed square footage of owned/leased area: ___________

__________________________________    ________________________
Signature of Applicant      Date

__________________________________    ________________________
Signature of Property Owner of Record    Date

OFFICE USE ONLY

Date Received: _____________    Receipt No. _____________    Received By: _____________
CUP No.: ______________________    Approved Tower Height: ______________________
Proposed Tower Height: __________    More than 4 new cabinets: Yes ___  No ____
Exceed CUP boundary: Yes ___  No ____    Compliant with 6409(a): Yes ___  No ____

In order to continue processing, the following is needed (circle-one):

Discretionary Approval    Ministerial Approval

If discretionary, what applications (circle all that apply):

Zone Variance    Zone Change    Amendment of Condition

Reviewed By: ______________________    Date: ______________________

NOTES

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