

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