



City of South Lake Tahoe  
Development Services Department, Planning Division

## Macro Wireless Facilities Permit Application Cover Page

1052 Tata Lane  
South Lake Tahoe, CA 96150  
Phone: (530) 542-6010  
Fax: (530) 541-7524  
Web address: www.cityofslt.us

### INSTRUCTIONS:

Applicants must submit this Application Cover Page and the Application Checklist, together with all information and materials provided in the Application Guidelines. 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 Development Services Department.

### Applicant:

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

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

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

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

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

### Site Location and Description:

Project Address: \_\_\_\_\_  
APN: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Pole Number (if applicable): \_\_\_\_\_ Present Use of Site Location: \_\_\_\_\_  
Pole Coordinates (if applicable):  NAD 83  NAD27 \_\_\_\_\_  
Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### STAFF USE ONLY

Pre-Application Meeting No. 1 \_\_\_\_\_ Application Submittal Date \_\_\_\_\_  
Pre-Application Meeting No. 2 \_\_\_\_\_ Completeness Review DUE \_\_\_\_\_