



COUNTY OF SANTA BARBARA

Planning and Development

www.countyofsb.org/plndev

Telecommunications-Existing Facility

TELECOMMUNICATIONS- EXISTING FACILITY permit alterations may be approved with one of the following types of permit changes. The type of permit alteration required is dependant on the scale and type of alteration being proposed. In each case different findings must be made to ensure that the change is consistent with the intent of the originally approved permit.

- TIME EXTENSION (TEX)
- REVISION (REV)
- AMENDMENT (AMD)
- SUBSTANTIAL CONFORMITY DETERMINATION (SCD)
- ZONING CLEARANCE (ZCI)

THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION
- ✓ INDEMNIFICATION AGREEMENT

AND, IF ✓'D, ALSO CONTAINS

- AGREEMENT FOR PAYMENT OF PROCESSING FEES
[Click to download Agreement to Pay form](#)
- AGENT AUTHORIZATION FORM
[Click to download Authorization of Agent form](#)
- FIRE DEPARTMENT VEGETATION PLAN INFORMATION
[For additional information regarding Fire Department Requirements click here](#)
- STORMWATER CONTROL PLAN
[For project applicability and SCP submittal requirements, click here](#)

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

P&D Website:
www.countyofsb.org/plndev/

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

SUBMITTAL REQUIREMENTS FOR TELECOMMUNICATIONS EXISTING FACILITY APPLICATION

Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues? Yes No

Please review the website to determine applicability. <http://cmluca.gis.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation,
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached? Yes No

Cities Sphere of Influence

Is the site within a city sphere of influence?¹ Yes No

If yes, which city? _____

Please submit a digital or "soft" copy of the items marked "**+1 digital**" in addition to the copies noted.

- ___ 1 Copy of Application
- ___ 1 Copy of approved site plan/map
- ___ 1 Copy of the final action letter including conditions of approval for the original discretionary project (CUP, DVP, TEX) and of any approved Land Use or Coastal Development Permits
- ___ 2 Copies of proposed revised plans (minimum size 11"x17") **+1 digital**
 - plans should include both existing equipment and proposed changes
 - existing equipment shown on the plans must match what is currently at the site
 - if the facility being altered is at a collocated site, reference to the other facilities at the site should be shown on the site plan
- ___ 1 Stormwater Control Plan for Regulated Projects
- ___ 2 Sets of photo simulations* (NO XEROX COPIES) from three vantage points: **+1 digital**
 - close-up
 - mid-field
 - nearest public viewing area

The following is also required:

¹ If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.
Updated by SCI 050219

- orient the viewer by direction ("looking northwest from...")
- identify the facility with an arrow and/or label for distant views where indistinguishable
- identify nearby/collocating existing facilities

- ___ 1 Photos of the property and surrounding area different than photo simulations (optional)
- ___ 1 Radiofrequency exposure report* done by a certified 3rd party to the applicant ****for all projects proposing the addition or replacement of antennas***

The following is also required as a part of the report:

- description of existing facilities and antennas, including collocated facilities and antennas
- description of the proposed facilities and antennas
- measurements of existing emissions at the site (if existing facilities are nearby)
- projection of the emissions corresponding to the proposed project
- projection of the cumulative emissions of the existing and proposed facilities
- suggested mitigation measures, if applicable

- ___ 1 Please provide the Latitude and Longitude in degrees, minutes, and seconds in NAD 83.
- ___ 1 Proof of Road Encroachment Permit* application submittal ****for Right of Way projects only***
- ___ 1 Letter of Authorization from all owners noted in the title report if the subdivider and owner are not the same. Full addresses of all owners must be on the map or Letter of Authorization.
[Click to download Authorization of Agent form](#)
- ___ 1 Check payable to Planning & Development
- ___ 1 Agreement to Pay form
[Click to download Agreement to Pay form](#)
- ___ 1 Indemnification Agreement

Planning and Development does not keep extra copies of plans and maps after project approval. Files are microfiched. You are responsible for submitting copies of your approved plans/maps.

NOTE: *Additional copies of submittals may be required.*



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____ ZONING: _____

CARRIER SITE ID#: _____ COORDINATES: (long.) _____ (lat) _____

Are there previous permits/applications? []no []yes numbers: _____
(include permit# & lot # if tract)

Did you have a pre-application? []no []yes if yes, who was the planner? _____

Are there previous environmental (CEQA) documents? []no []yes numbers: _____

1. Financially Responsible Person _____ Phone: _____ FAX: _____
(For this project)

Mailing Address: _____
Street City State Zip

2. Owner: _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

3. Agent: _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

4. Arch./Designer: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

5. Engineer/Surveyor: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

6. Contractor: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

7. Radiofreq. Engineer: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State Zip

PARCEL INFORMATION: (Check each that apply. Fill in all blanks or indicate "N/A")

1. Existing Use: []Agric []Residential []Retail []Office []Indus [] Vacant []Other

2. Existing: # of Buildings _____ Gross Sq. Ft.: _____ # Res. Units: _____ Age of Oldest Struct.:

3. Proposed: Project: _____ Gross Sq. Ft.: _____ # Res. Units

4. Grading (cu. yd.): Cut _____ Fill _____ Import _____ Export _____ Total:

Total area disturbed by grading (sq. ft. or acres): _____

COUNTY USE ONLY

Case Number: _____ Companion Case Number: _____
Supervisory District: _____ Submittal Date: _____
Applicable Zoning Ordinance: _____ Receipt Number: _____
Project Planner: _____ Accepted for Processing
Zoning Designation: _____ Comp. Plan Designation

V. CERTIFICATION OF ACCURACY AND COMPLETENESS

Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Signature	Print Name	Firm	Date
Print name and sign - Preparer of this form			Date
Print name and sign - Applicant			Date
Print name and sign - Agent			Date
Print name and sign - Landowner			Date