

## WIRELESS FACILITIES PRE-APPLICATION CONFERENCE

## **Community Development – Planning Division**

408 N. Spokane St. Post Falls, ID 83854 208.773.8708 Fax: 208.773.2505

| 200.7  | 73.0700 F             | ax. 206.773.2000                       |  |          |  |  |
|--|-----------------------|--|--|----------|--|--|
| STAFF USE ONLY Date Submitted: Received by: F  | ee paid:_             | File #                                 |  |          |  |  |
| PART 1 – REQUIRED MATERIAL   |                       |  |  |          |  |  |
| **THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED**  |                       |  |  |          |  |  |
| An administrative conference is required prequest. This meeting request is used for different shot clocks for the variety of meetings can assist in ensuring the proper submitted for the proposed work. | or asses<br>work invo | sing the proposed<br>olved in wireless | wireless request as the communications. Pre-ap | here are |  |  |
| ☐ Completed application form   |                       |  |  |          |  |  |
| ☐ Application fee (Per most recently adopted fee resolution)   |                       |  |  |          |  |  |
| ☐ A written narrative: Provide an overview of the proposed work; include how it is consistent with the PFMC Chapter 18.26.   |                       |  |  |          |  |  |
| ☐ Preliminary Site Plans: No larger to other items pertinent to the  |                       | • • • • •                              | erty lines, streets, and                       | such     |  |  |
| PART 2 – APPLICATION INFORMATION   |                       |  |  |          |  |  |
| Name of project site, if any:  |                       |  |  |          |  |  |
| Site Address:  |                       | STATE:                                 | ZIP:   |          |  |  |
| Located in Right-of-Way: Yes _ No _  |                       | SITE ACREAGE:                          |  |          |  |  |
| Zoning:  | Asses                 | sor's Parcel #:                        |  |          |  |  |
| Property Owner:  |                       |  |  |          |  |  |
| Mailing Address:   |                       |  |  |          |  |  |

Email:

Phone #:

| Wireless Carrier:                                   |        | STATE:                   |                               |      |
|---|--------|--------------------------|-------------------------------|------|
| Contact Person:                                     | FAX:   |                          |                               |      |
| Mailing Address:                                    |        | D                        | DATE:                         |      |
| Phone #:  |        | E                        | Email:                        |      |
| Agent:  |        | ı                        | Phone:                        |      |
| Mailing Address:                                    |        |                          | Email:                        |      |
|   |        |                          |                               |      |
| best of my (our) ability infrastructure provider of |        | we are au<br>in making t | thorized to<br>this applicati | ,    |
| Dated this  | day of |                          |                               | , 20 |
| Signature (s):                                      |        |                          |                               |      |
| _   |        |                          |                               |      |
|   |        |                          |                               |      |
|   |        |                          |                               |      |