

**WHATCOM COUNTY**  
Planning & Development Services  
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Bellingham, WA 98226-9097  
360-778-5900, TTY 800-833-6384  
360-778-5901 Fax



**Mark Personius, AICP**  
Director

## **Justification for Eligible Facilities Request**

### **Applicant Information**

Applicant Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Property, Owner, and Land Use Information**

Property Location: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Property Size (square feet): \_\_\_\_\_  
Zone District: \_\_\_\_\_

### **Description of Existing Tower or Base Station (Eligible Support Structure)**

Describe the facility that is the subject of the application:

- Building rooftop
- For towers outside of public rights-of-way, the modification does not increase the height of the tower by more than 10%, or by the height of one additional antenna array with separation from the nearest existing antenna not to exceed twenty feet, whichever is greater
- For those towers in the rights-of-way and for all base stations, it does not increase the height of the tower or base station by more than 10% or 10 feet, whichever is greater

Describe the current site: "Site" means, for towers other than towers in the public rights-of-way, the current boundaries of the leased or owned property surrounding the tower and any access or utility easements currently related to the site, and, for other eligible support structures, further restricted to that area in proximity to the structure and to other transmission equipment already deployed on the ground. The current boundaries of a site are the boundaries that existed as of the date that the original support structure or a modification to that structure was last reviewed and approved by a State or local government, if the approval of the modification occurred prior to the Spectrum Act (Middle Class Tax Relief and Job Creation Act of 2012, which was signed in to law on February 22, 2012) or otherwise outside of the eligible facilities request review process.

Provide all information to demonstrate that the structure or building where the collocation, removal and/or replacement of transmission equipment will be made has received land use approval for its existing wireless facilities. Include the date(s) of land use approval and the applicable case number or permit approval number. If the current facilities or structure was approved with any requirements to conceal facilities from view or any other conditions of approval, please provide that information.

Is the structure that is the subject of this application located in the public rights-of-way?

- Yes
- No

**Description of Eligible Facilities Request**

Is this a collocation of new transmission equipment? \_\_\_\_\_

Is this a removal of existing transmission equipment? \_\_\_\_\_

Is this a replacement of existing transmission equipment or minor communication on existing building?  
\_\_\_\_\_

What is the height of the existing building or structure? If the tower is sited outside of the public right-of-way, show that the modification does not increase the height of the building or tower by more than 10%, or by the height of one additional antenna array, whichever is greater. The separation between the additional antenna and the existing antenna should not exceed 20 feet.

If the towers are in the rights-of-way and for all base stations, it does not increase the height of the tower or base station by more than 10% or 10 feet, whichever is greater.

What will the height of the structure be after the collocation, removal and or replacement of transmission equipment?

Will the facilities protrude more 20 feet from the edge of the tower after installation for site in outside public right way or if in the towers in the rights-of-way and for all base stations, the modification does not protrude from the edge of the structure more than 6 feet?

If the structure or Site that is the subject of this application was approved with any concealment requirements or other conditions of approval, describe how this application will comply with those conditions. Include photo simulations, where appropriate.

Describe the number and dimensions of any equipment cabinets that are currently present at this location:

Describe the number and dimensions of any equipment cabinets that are part of this application. If the installation includes new equipment cabinets; the modification does not include the installation of more than 4 equipment cabinets.

Does this application involve any excavation or location of equipment outside the boundaries of the Site? Note: If the site is an Environmentally critical area SEPA review is required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_