



WIRELESS TELECOMMUNICATIONS FACILITY 10-YEAR REVIEW/RENEWAL APPLICATION

DEPARTMENT OF DEVELOPMENT SERVICES
333 W. OCEAN BLVD., 5TH FLOOR, LONG BEACH, CA 90802
(562) 570-6194 FAX: (562) 570-6068
lbds.longbeach.gov

Site Address: _____ Long Beach, CA 908 ____

Agent Name: _____ Ph: _____

Agent Company: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Email: _____

Agent Signature: _____ Title: _____

Wireless Carrier Name: _____ Corporate Rep.: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Ph: _____

Please submit the following items with this application:

- Current color photos of the site, showing at least 3 views, taken by applicant in the last 30 days. Include color prints on 8 ½ x 11-inch paper, and digital copies of each in jpeg format.
- Copy of the original Notice of Final Action and Conditions of Approval for the permit (CUP or SPR) for which you are applying for a 10-Year Review, and any subsequently-approved permits. Include digital copies of each in pdf format.
- Letter of Authorization from Carrier to Agent to obtain 10-Year Review/Renewal, both on paper and a digital copy in pdf format.

APPLICATION AND COMPLIANCE STATEMENT

(I/We), the undersigned, declare under penalty of perjury under the laws of the State of California that (I am/We are) the operator, or the authorized representative of the operator, of the wireless telecommunications facility involved in this application; that the information on this application and attached hereto and all the statements and answers contained herein are in all respects true and correct.

(I/We) further certify that this wireless telecommunications facility is, at the date of this application, operating in compliance with applicable provisions of the Zoning Ordinance (Title 21, Long Beach Municipal Code), with all conditions of approval of all effective and applicable Planning permits issued by the City of Long Beach for this facility, and with all laws, rules, and regulations of the State of California and the United States applying to the operation of this facility.

Signed: _____ Name and Title: _____

Date: _____ Authorized Agent For: _____

BELOW THIS LINE FOR STAFF USE ONLY

Filing Date: _____	Original Case No.: _____	10-YEAR REVIEW/RENEWAL STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ Date: _____ Planner Compliance with plans and conditions: <input type="checkbox"/> Y <input type="checkbox"/> N Compliance with maintenance standards: <input type="checkbox"/> Y <input type="checkbox"/> N
Project No.: _____	Related Case Nos.: _____	
Received by: _____	_____	
Council District: _____	Related Addresses: _____	
Assigned Planner: _____	_____	