

Office use only - City File #: _____

TELECOMMUNICATIONS FACILITY APPLICATION FORM (Initial Submission or Final Submission)

The following information is necessary to facilitate a thorough and timely evaluation of your application. All materials submitted must be clear, legible and precise. **Only complete applications will be accepted.**

Provide a separate Telecommunications Facility Application Form for each request.

A Applicant/Owner Information				
2	Applicant Information:			City Customer ID #:
	Last Name:	First Name:	Business Name:	
	Contact Name (if different from above):			Email:
	Mailing Address		Telephone:	Cell Phone:
	City:	Province:	Postal Code:	Fax:

B General Project Information	
3	Project Municipal Address: _____ Ward District: _____
4	Project Legal Description: Plan No. _____ Block _____ Lot(s) _____ or, Quarter _____ Section _____ Twp _____ Range _____
5	Type of request: <input type="checkbox"/> Initial Submission for a Telecommunications Facility <input type="checkbox"/> Final Submission* - Rooftop/Building mounted Telecommunications Facility <input type="checkbox"/> Final Submission* - Freestanding Telecommunications Facility <i>*Initial Submission process must be completed and public consultation requirements (if applicable) must be satisfied.</i>

6	Detail of the proposed facility: <input type="checkbox"/> Rooftop/Building Mounted <input type="checkbox"/> Monopole <input type="checkbox"/> Tripole <input type="checkbox"/> Self-Support <input type="checkbox"/> Guyed Tower <input type="checkbox"/> Other: _____	Tower Height: <input type="checkbox"/> N/A or <input type="checkbox"/> _____ m / _____ feet	Your File Name & Number _____ _____
7	Antenna Mounting (check all applicable): <input type="checkbox"/> Flush mounted <input type="checkbox"/> Pinwheel mounted <input type="checkbox"/> Stealth <input type="checkbox"/> Other: _____	Accessory Buildings (Cabinet/Shelters): <input type="checkbox"/> Rooftop cabinet/shelter <input type="checkbox"/> Ground cabinet/shelter <input type="checkbox"/> Other: _____ Dimensions (L x W): _____	Fencing/Screening (check all applicable): <input type="checkbox"/> Concrete/Block Wall <input type="checkbox"/> Wood Panel fencing <input type="checkbox"/> Landscape screening <input type="checkbox"/> Other: _____
8	Total Site Area (sq m.): _____	Total Premises Area (sq m.), including access areas: _____	

D Applicant Declaration:

9 I confirm by my signature below the information contained in this application, including plans and details, is to my knowledge, true and complete.
 Applicant Signature: _____ Date (mm/dd/yy): _____

Personal Information required by City of Edmonton application forms is collected under authority of sections 33(a) and (c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your permit may be included on reports that are available to the public as required or allowed by legislation. If you have any questions, please contact a Service Advisor at the Edmonton Service Centre at 780-442-5054.

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Final Submission Project No. _____ Initial submission complete Yes No

Initial Submission Project No. _____

This project is: Initial Submission Rooftop/Building Mounted Facility Freestanding Facility
 (Final Submission) (Final Submission)

Scope of Work: _____

Zoning: _____ **Statutory Plan/Overlay:** _____

Neighbourhood/Community League(s): _____

Councilor: _____ **MP:** _____

Development fees to be charged? Yes : \$ _____ No
 (reason): _____

Reviewed by: _____ **Date (mm/dd/yy):** _____

Additional Information and Drawing Requirements

A separate **Telecommunications Facility Checklist form**, which identifies the drawings and detailed information required for your proposed development, must be attached to your form.

Additional drawings or information may be required as considered necessary in accordance with the City of Edmonton Policy for Siting Telecommunications Facilities (C471C) and by the Development Officer.

Applications may be subject to additional on and off site fees associated to the proposed development such as Lot Grading fee, Sanitary Sewer Trunk Charge, Transportation infrastructure fees.

Should you have any questions regarding telecommunications application requirements, please contact a representative at our **Customer Information Centre at 311** or if **outside Edmonton 780-442-5311**.

***This is NOT a Building Permit application.
 A separate application must be made if a Building Permit is required.**



TELECOMMUNICATIONS FACILITY SUBMITTAL CHECKLIST

The following information is necessary to facilitate a thorough and timely evaluation of your application. All materials submitted must be clear, legible and precise. **Only complete applications will be accepted.**

Plans submitted should be to a professional drawing standard (rough sketches are not acceptable) in order to ensure your application is processed accurately.

Office	APPLICANT SUBMISSION REQUIREMENTS	
<input type="checkbox"/>	<input type="checkbox"/>	PROJECT ADDRESS:
<input type="checkbox"/>	<input type="checkbox"/>	YOUR FILE NAME & NUMBER:
<input type="checkbox"/>	<input type="checkbox"/>	PRE-APPLICATION MEETING (Initial Submission) held with Sustainable Development
	<input type="checkbox"/>	Yes & Date: _____ Project number: _____ <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	1. APPLICATION FORM and FEES*
<input type="checkbox"/>	<input type="checkbox"/>	2. CERTIFICATE OF TITLE (current copy- within 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	3. LETTER OF INTENT/COVER LETTER
<input type="checkbox"/>	<input type="checkbox"/>	4. CO-LOCATION STATEMENT
	<input type="checkbox"/>	5. MAPS OF THE FOLLOWING:
<input type="checkbox"/>	<input type="checkbox"/>	Location of other Telecommunication Facilities located within 500 m of the proposed site.
<input type="checkbox"/>	<input type="checkbox"/>	Typical coverage area of proposed & existing towers, which shows the need for additional telecommunications facilities.
<input type="checkbox"/>	<input type="checkbox"/>	6. Councillor/Neighbourhood Group RECORD OF MEETING(S) (if conducted)
<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC CONSULTATION MEETING MINUTES/RECORDS (For final submission only) <i>Please provide only if meeting was required.</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. Summary of comments received from public and proponent's response to those comments (for final submission only)
	DRAWINGS: Must be sorted into sets. Each set must be stapled or taped together.	
<input type="checkbox"/>	<input type="checkbox"/>	8. SITE PLANS (2 Sets) – To scale and dimensioned (min. scale 1:500) showing:
<input type="checkbox"/>	<input type="checkbox"/>	North arrow
<input type="checkbox"/>	<input type="checkbox"/>	Municipal address and legal description (Lot, Block, Plan Number)
<input type="checkbox"/>	<input type="checkbox"/>	Dimensions of the Site (property lines)
<input type="checkbox"/>	<input type="checkbox"/>	Identification of all streets and lanes abutting the subject site
<input type="checkbox"/>	<input type="checkbox"/>	Vehicular accesses (location and dimensions)
<input type="checkbox"/>	<input type="checkbox"/>	Parking and dropoff/pick up spaces with dimensions
<input type="checkbox"/>	<input type="checkbox"/>	Loading spaces (location and dimensions)
<input type="checkbox"/>	<input type="checkbox"/>	Location and size of all buildings, towers, accessory buildings, fencing and screening, equipment boxes, premises, access areas to the premises, and any other associated infrastructure required for the transmission of Radiocommunications.



Office	DRAWINGS (cont'd):	
<input type="checkbox"/>	<input type="checkbox"/>	9. ELEVATION DRAWINGS (2 Sets) – All drawings should be fully dimensioned (min. scale: 1:100, showing:
<input type="checkbox"/>	<input type="checkbox"/>	Exterior of all sides of the proposed Telecommunications facility
<input type="checkbox"/>	<input type="checkbox"/>	All finishing materials and proposed color
<input type="checkbox"/>	<input type="checkbox"/>	Heights: overall tower height, accessory buildings, & fencing, and height location of antennas.
<input type="checkbox"/>	<input type="checkbox"/>	10. Before and after PHOTO SIMULATIONS

Please note that additional information may be required as considered necessary to enable permits to be issued

Applicant's signature is confirmation all required information has been provided and is correct.

APPLICANT'S SIGNATURE

DATE (mm/dd/yy)

PLEASE PRINT NAME

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CHECKLIST REVIEWED BY (SIGNATURE)

DATE (mm/dd/yy)

PLEASE PRINT NAME

PROJECT NO: