

## Wireless Telecommunications Facility 10-Year Review/Renewal Application

**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 × 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

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| Filing Date: _____<br>Project No.: _____<br>Received by: _____<br>Council District: _____<br>Assigned Planner: _____ | 10-Year Review No.: _____<br>Original Case No.: _____<br>Related Case Nos.: _____<br>_____<br>Related Addresses: _____<br>_____ | <b>10-YEAR REVIEW/RENEWAL</b><br><b>Approval:</b> _____ on: _____<br><span style="display: block; text-align: center;">Planner <span style="margin-left: 150px;">Date</span></span> Due date of next 10-year renewal: _____<br><span style="display: block; text-align: center;">Date</span> <p><b>Note:</b> 10-year renewal dates are calculated from the date of initial entitlement of the facility. Overdue renewals will be due again in less than 10 years.</p> |
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City of Long Beach

411 W. Ocean Blvd., 3rd Floor

Long Beach, CA 90802

Visit us at [longbeach.gov/lbds](http://longbeach.gov/lbds)



This information is available in alternative format by request at 562.570.3807.

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