



# Eligible Facilities Determination Request

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
Voice 360-416-1320 · Inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:

This form may be submitted prior to, or with, a building permit application for a wireless telecommunications facility. The Administrative Official must apply the guidance for determining “substantial increase in the size of the tower” set forth in FCC Guidance DA 12-2047, dated January 25, 2013.

## Required Attachments

- Contact Information & Signature Form
- Preliminary structural and profile plans sufficient to enable a determination whether the proposal is an Eligible Facility
- Application fee

## Project Information

<b>Existing carrier</b>	<i>Identify the existing carrier on the tower:</i>		
<b>Parcel #</b>		<b>Current file #</b>	
<b>Existing permits</b>	<i>Identify existing land use or building permit numbers for the existing tower:</i>		
<b>New equipment</b>	<i>Describe the <b>new</b> transmission equipment to be collocated on the existing tower:</i>		
<b>Equipment to be removed</b>	<i>Describe equipment to be <b>removed</b> from the existing tower:</i>		
<b>Equipment to be replaced</b>	<i>Describe equipment to be <b>replaced</b> on the existing tower:</i>		
<b>Criteria</b> <small>see SCC 14.16.720(6)(a)</small>	Height of existing tower:		_____
	Height of tower after addition:		_____
	Width of existing tower:		_____
	Width of tower after addition:		_____
	Number of new equipment cabinets:		_____
	Dimensions of existing base station:		_____
	Dimensions of base station after additions:		_____
	Does the proposal require excavation outside current tower site?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### For Internal Use Only:

- This request meets the requirements of eligible facilities request for modification of an existing wireless tower and base station.
- This request DOES NOT meet the requirements of eligible facilities request for modification of an existing wireless tower and base station.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Administrative Official or Designee



# Contact Information & Signature Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
voice 360-416-1320 · inspections 360-416-1330 · [www.skagitcounty.net/planning](http://www.skagitcounty.net/planning)

Permit #:

Received by:

Attach this form to an application that requires it. An application will not be accepted without this form.

By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

## Applicant/Contact

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Property Owner

Same as applicant  Multiple owners (attach additional page)

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Contractor/Designer/Installer

None  Same as applicant  Same as property owner

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ License # \_\_\_\_\_ Expires \_\_\_\_\_

## Financing<sup>1</sup>

None  Lender below is providing construction financing  Firm below has issued payment bond

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Signature

- I am the owner of the subject property and I grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application; OR
- I have the consent of the owners of the subject property and have attached Agent Authorization Form(s) (SCC 14.06.090); OR
- This is a fire suppression permit, mechanical/plumbing permit, septic permit, water review, or pre-development/pre-app meeting request; the property owner's authorization is not required.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

<sup>1</sup> Required by RCW 19.27.095(2)(d) for building permit applications.



# Agent Authorization Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
voice 360-416-1320 · inspections 360-416-1330 · [www.skagitcounty.net/planning](http://www.skagitcounty.net/planning)

Permit #:
Received by:

Use this form to authorize someone other than the property owner to apply for permits for the subject property.

## Project Site

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Authorization Statement

I/we, as the owners of the property identified above, authorize \_\_\_\_\_ to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

## Property Owner Signature(s)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

## Notarization

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

(Notary seal or stamp above)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My appointment expires \_\_\_\_\_