



5050 Clark Avenue  
 Lakewood, CA 90712  
 Phone: (562) 866-9771  
 www.lakewoodcity.org

## Department of Public Works Wireless Communication Facilities Permit Application Cover Page

**INSTRUCTIONS:**

All applicants must submit this Application Cover Page, the Application Checklist and all other required materials in the Application Guidelines. City staff may deem the application incomplete if the applicant fails to include any required information or materials.

Pursuant to Lakewood Municipal Code § 7704(C)(2), applicants may submit applications by appointment only. Please contact the Department of Public Works for an appointment.

**Applicant:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Authorized Representative:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Personal Property/Pole Owner:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Property Owner's Signature:**

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

**Applicant's Signature:** (if different from Property Owner)

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

**Proposed Site Location and Description:**

Project Address: \_\_\_\_\_  
 APN: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Pole Number (if applicable): \_\_\_\_\_ Present Use of Property: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Request:**

- WIRELESS FACILITY PERMIT     SECTION 6409 APPROVAL     SMALL CELL PERMIT     OTHER (describe request below)

Applicable Shot Clock Period (for informational purposes only):     60 days     90 days     150 days     OTHER: \_\_\_\_\_

**STAFF USE ONLY**

Pre-Application Meeting No. 1 \_\_\_\_\_ Application Submittal Date \_\_\_\_\_  
 Pre-Application Meeting No. 2 \_\_\_\_\_ Completeness Review DUE \_\_\_\_\_