EXHIBIT 1



Street Use and Mapping 1155 Market St., 3rd floor San Francisco, CA 94103 tel 415-554-5810

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APPLICATION FOR A PERSONAL WIRELESS SERVICE FACILITY SITE PERMIT

| Applicant: | | | | |
|---|--|--|--|--|
| Agent: | | | | |
| Mailing Address: | | | | |
| Telephone No.: | | | | |
| Fax No.: | | | | |
| E-Mail: | | | | |
| Date: | | | | |
| 1. Pole Location (Street Segment/Pole Number [if applicable]) | | | | |
| | | | | |
| 2. Utility Conditions Permit (check one) | | | | |
| Applicant has a valid Utility Conditions Permit | | | | |
| Applicant does not have a valid Utility Conditions Permit | | | | |
| 3. Tier (check one) | | | | |
| ☐ Tier A | | | | |
| ☐ Tier B | | | | |
| ☐ Tier C | | | | |
| 4. Antenna(s) | | | | |
| Number of antenna(s) | | | | |
| Dimensions of antenna(s) | | | | |
| Make, model and technical specifications: | | | | |

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5. Equipment

| A. | Primary Equipment Enclosure Location and Dimensions (if applicable): | | | | |
|----|---|--|--|--|--|
| | Make, model and technical specifications for each piece of equipment: | | | | |
| | 1: | | | | |
| | 2: | | | | |
| В. | Secondary Equipment Enclosure Location and Dimensions (if applicable): | | | | |
| | Make, model and technical specifications for each piece of equipment: | | | | |
| | 1: | | | | |
| | 2: | | | | |
| C. | Other Equipment Location and Dimensions (if applicable): | | | | |
| | Make, model and technical specifications for each piece of equipment: | | | | |
| | 1: | | | | |
| | 2: | | | | |
| 6. | Planning Department Approval (check one) | | | | |
| | ☐ The proposed Personal Wireless Service Facility is in an Unprotected Location. | | | | |
| | The proposed Personal Wireless Service Facility is in a Zoning Protected Location. | | | | |
| | The proposed Personal Wireless Service Facility is in the following Planning Protected Location [Identify and Explain]: | | | | |
| | | | | | |

| . Recreation and Park Department Approval (check one) | | | | |
|---|------|--|--|--|
| The proposed Personal Wireless Service Facility is not in a Park Protected Location. | | | | |
| The proposed Personal Wireless Service Facility is in a Park Protected Location. | | | | |
| 8. Use of Utility, Transit, or Street Light Pole (check one) | | | | |
| The Applicant is using a utility pole that is a joint pole and is a member in good standing of the Northern California Joint Pole Association. | the | | | |
| The Applicant is using a transit pole and has obtained permission to use the transit pole fro the San Francisco Municipal Transportation Agency. | m | | | |
| The Applicant is using a streetlight pole and has obtained permission to use the street light pole from the San Francisco Public Utilities Commission. | | | | |
| No permission of the utility, transit, or street light pole owner is required for the following reason(s). | | | | |
| 1: | | | | |
| 2: | | | | |
| 9. CEQA Approval (check one) | | | | |
| CEQA approval for construction/installation of the proposed Personal Wireless Service Facilities been obtained. Proof of any required CEQA approval is attached. | ity | | | |
| CEQA approval for construction/installation of the proposed Personal Wireless Service Facilities expected to be obtained by (date). Proof of CEQA approval will be provided that time. | - | | | |
| 10. Public Health Compliance Standard (check one) | | | | |
| Applicant is using equipment for the first time. Attached is an original verified statement from a registered engineer that: (i) potential human exposure to radio frequency emissions from the proposed Personal Wireless Service Facility is within the FCC guidelines; and (ii) noise at any time of day or night from the proposed Personal Wireless Service Facility is not greater than forty-five (45) of as measured at a distance three (3) feet from any residential building facade. | the | | | |
| Applicant is using previously approved equipment. Attached is a copy of both a verified statement from a registered engineer and the Department of Public Health's review of that verified statement that: (i) potential human exposure to radio frequency emissions from the proposed Person | onal | | | |

Wireless Service Facility is within the FCC guidelines; and (ii) noise at any time of the day or night from the proposed Personal Wireless Service Facility is not greater than forty-five (45) dBA as measured at a distance three (3) feet from any residential building façade.

| 11. Se | ecurity Deposit (check one) |
|--------------|---|
| | Applicant has made the deposit required under Public Works Code § 2.4.40 and DPW Order |
| Ord | Applicant has not made the deposit required under Public Works Code § 2.4.40 and DPW der No |
| 12. Re | equired Documents (check as appropriate) |
| (20') to | Attached is a location drawing of the proposed Personal Wireless Service Facility in twenty feet one inch (1") scale (20:1 scale) showing each of the following: |
| | (a) Street name; (b) Names of cross streets; (c) The utility, transit, or street light pole to be used; (d) All existing facilities on the utility, transit, or street light pole (if applicable); and (e) All proposed facilities on the utility or street light pole. |
| | Attached are the following documents (check (1) and either (2) or (3)): |
| | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| | (2) A photograph of any existing Personal Wireless Service Facilities located in the public rights-of-way that are within a one hundred and fifty foot (150') radius of the proposed Personal Wireless Service Facility; or |
| | ☐ (3) A site drawing in a twenty feet (20') to one inch (1") scale (20:1 scale) showing the location of any existing Personal Wireless Service Facilities located in the public rights-of-way that are within a one hundred and fifty foot (150') radius of the proposed Personal Wireless Service Facility. |
| that th | Attached is a certificate of insurance in a form acceptable to the City's Risk Manager showing e Applicant complies with the requirements of Public Works Code § 1526 |

| 13. Certificate of Appropriateness | (check one) | | | | | |
|---|---|-------------------------|--|--|--|--|
| | ness is not required because the propose toric district designated by the Board of S | | | | | |
| Facility is located in a historic district | ness is required because the proposed Pe designated by the Board of Supervisors d. A copy of the Certificate of Appropria | under Article 10 of the | | | | |
| Facility is located in a historic district Planning Code Facility and is expecte Certificate of Appropriateness will be | · | | | | | |
| 14. Application Fees (check required fees and include appropriate checks) | | | | | | |
| Department of Public Works | • | | | | | |
| Department of Public Health application fee (\$181) Planning Department application fee (\$190) | | | | | | |
| Recreation and Park Departi | | | | | | |
| I certify that the information contain | ed in the application is correct. | | | | | |
| (Type Name of Applicant's Authorized Agent) | Signature of Applicant/Authorized Agent | Date (MM/DD/YY) | | | | |