

NOTICE OF COMPLETENESS/DEFICIENCY FOR AN ELIGIBLE FACILITIES REQUEST



Street-Use and Mapping
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Date: _____

Applicant/Permittee Name: _____

Applicant/Permittee Company: _____

Number and Street Address: _____

City, State, Zip Code: _____

Application Number: _____

Location [Number and Street Address]: _____

Public Works has reviewed the Eligible Facilities Request for the above-referenced Personal Wireless Service Facility Site Permit and has made the following determination:

- The Eligible Facilities Request is Complete.** Public Works will continue to process the request.
- The Eligible Facilities Request is Incomplete** for the following reasons.
- Proof that the permitted Personal Wireless Service Facility is a Base Station is missing or incomplete (circle one).
 - Proof that the equipment to be replaced is Transmission Equipment is missing or incomplete (circle one).
 - Proof that the proposed modifications would not result in a Substantial Change of the Physical Dimensions of the utility pole where the Personal Wireless Service Facility is missing or incomplete (circle one).
 - Proof that the proposed modified Personal Wireless Service Facility would comply with the Public Health Compliance Standard is missing or incomplete (circle one).
 - Description of replacement or new antenna(s) and/or equipment is missing or incomplete (circle one).
 - Description of modification to utility, transit, or street light pole is missing or incomplete (circle one).
 - Location drawings are missing or incomplete (circle one).
 - Photo simulations are missing or incomplete (circle one).
 - The following application fees are missing: _____

Application reviewed by: _____

(Name / Title)