

Street-Use and Mapping 49 South Van Ness Ave. Suite 300 San Francisco, CA 94103 Phone: (628) 271-2000

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## NOTICE OF COMPLETENESS/DEFICIENCY OF APPLICATION FOR PERSONAL WIRELESS SERVICE FACILITY SITE PERMIT

Date: _		Applicant Name:
Applica	ant Company:	
Numbe	er and Street Address:	
City, St	tate, Zip Code:	
Applica	ation Number:	
Locatio	on [Number and Street	Address]:
Facility	Site Permit submitted	be above-referenced Application for a Personal Wireless Service by [Applicant Name] and has made the following determination: plete. Public Works will continue to process the Application.
	• •	<b>mplete.</b> Applicant must resubmit the Application to Public Works formation or documentation identified below:
	1. Utility Conditions F	Permit is missing.
	2. Applicant is incorre	ect that application meets Objective Standards.
	3. The description of	antenna(s) and/or equipment is missing or incomplete.
	4. Permission to use	utility pole is missing.
	5. Compliance with P	ublic Health Compliance Standard is missing or incomplete.
	6. Location drawings	are missing or incomplete.
	7. Photo simulations	are missing or incomplete.
	8. Photographs or sit	e drawings are missing or incomplete.
	9. Security deposit is	missing.
	10. Certificate of insur	rance is missing or incomplete.
	11. Certificate of Appr	opriateness is missing or incomplete.
	12. Application fees a	re missing.
Include below a description of any of the missing or incomplete materials:		on of any of the missing or incomplete materials:
 Applica	ation reviewed by:	
	- <u></u>	(Name / Title)