Date Received:

(Application No.)

Fresno County Department of Public Works and Planning

MAILING ADDRESS:
Department of Public Works and Planning
Development Services Division
2220 Tulare St., 6th Floor
Fresno, Ca. 93721

LOCATION:
Southwest corner of Tulare & "M" Streets, Suite A
Street Level
Fresno Phone: (559) 600-4497
Toll Free: 1-800-742-1011 Ext. 0-4497

APPLICATION FOR:

- ☐ Pre-Application (Type) _____
- ☐ Amendment Application
- ☐ Amendment to Text
- ☒ Conditional Use Permit
- ☐ Variance (Class)/Minor Variance
- ☐ Site Plan Review/Occupancy Permit
- ☐ No Shoot/Dog Leash Law Boundary
- ☐ General Plan Amendment/Specific Plan/SP Amendment)
- ☐ Time Extension for _____
- ☐ Director Review and Approval
- ☐ for 2nd Residence
- ☐ Determination of Merger
- ☐ Agreements
- ☐ ALCC/RLCC
- ☐ Other _____

DESCRIPTION OF PROPOSED USE OR REQUEST:

CONSTRUCTION OF TELECOMMUNICATIONS AND PUBLIC UTILITY FACILITY, CONSISTING OF A 111' MONOPINE WITH (3) 8' ANTENNAS, (3) 4' ANTENNAS, (3) 3' ANTENNAS, (3) RRU'S, (1) 6' MICROWAVE, (4) OVP BOXES, (1) GPS ANTENNA, REQUIRED ANTENNA CABLING, HCS JUMPERS, (2) GROUND MOUNTED RADIO CABINETS, (1) EQUIPMENT CANOPY, (1) FIBER BOX, (1) 200A ILC CABINET, (1) MANUAL SERVICE LIGHT SWITCH TIMER, (3) SERVICE LIGHTS, (1) BACK-UP DIESEL GENERATOR, (2) RAISED CONCRETE PADS, CABLE ICE BRIDGE, UTILITY BACKBOARD AND MULTI-METER UTILITY SERVICE MOUNTED ON CONCRETE PAD WITHIN A 50'x50' FENCED LEASE AREA. NO WATER OR SEWER SERVICE IS REQUIRED. THIS WILL BE AN UNMANNED FACILITY.

CEQA DOCUMENTATION: ☐ *Initial Study* ☐ *PER* ☐ *N/A*

PLEASE USE FILL-IN FORM OR PRINT IN BLACK INK. Answer all questions completely. Attach required site plans, forms, statements, and deeds as specified on the Pre-Application Review. **Attach Copy of Deed, including Legal Description.**

LOCATION OF PROPERTY: South side of W Jensen Ave
between S Cornelia Ave and S Blythe Ave
Street address: South of 2137 S Blythe Ave, Fresno, CA 93706

APN: 327-030-57 Parcel size: 25.28 acres Section(s)-Twp/Rg: S 22 - T 14 S/R 19 E

ADDITIONAL APN(s): _____

I, *Phoebe Moffett* (*signature*), declare that I am the owner, or authorized representative of the owner, of the above described property and that the application and attached documents are in all respects true and correct to the best of my knowledge. The foregoing declaration is made under penalty of perjury.

Owner (Print or Type)	Address	City	Zip	Phone

Applicant (Print or Type)	Address	City	Zip	Phone
Phoebe Moffett	1499 Huntington Dr.	South Pasadena	91030	323-979-7914

Representative (Print or Type)	Address	City	Zip	Phone

CONTACT EMAIL: pmoffett@assurance-group.com

OFFICE USE ONLY (*PRINT FORM ON GREEN PAPER*)

Application Type / No.: Fee: $
Application Type / No.: Fee: $
Application Type / No.: Fee: $
Application Type / No.: Fee: $
PER/Initial Study No.: Fee: $
Ag Department Review: Fee: $
Health Department Review: Fee: $
Received By: _____ Invoice No.: TOTAL: $

UTILITIES AVAILABLE:

WATER: Yes ☐/ No ☒
Agency: _____

SEWER: Yes ☐/ No ☒
Agency: _____

STAFF DETERMINATION: This permit is sought under Ordinance Section: _____

Related Application(s): _____

Zone District: _____

Parcel Size: _____

Sect-Twp/Rg: _____ - T_____ S /R_____ E
APN # ___ - ___ - ___
APN # ___ - ___ - ___
APN # ___ - ___ - ___
APN # ___ - ___ - ___