

REFERRAL FORM



WIRELESS TELECOMMUNICATIONS FACILITIES Administrative Review

Any Wireless Telecommunications Facilities (WTF) application submitted to Los Angeles City Planning for the modification of existing facilities/associated equipment shall obtain a WTF Administrative Review Referral Form (Referral Form) signed by Wireless Planning Staff. This Referral Form is intended to identify the type of administrative approval required for a WTF project through a **Pre-Application Review** process. Based on the Pre-Application Review, the WTF shall be eligible for one of the two following Administrative Review processes pursuant to Section 6409(a) of the 2012 Middle Class Tax Relief and Job Creation Act:

- **Administrative Sign-Off**
- **Administrative Plan Approval**

For more information, refer to the Instructions for WTF Administrative Review (CP-7849).

City Planning reserves the right to require an updated Referral Form for the project if more than **180 days** has lapsed from the date of the signature provided by Wireless Staff, or as necessary to reflect project modifications, policy changes and/or amendments to the Los Angeles Municipal Code (LAMC), local, State and Federal laws.

THIS SECTION TO BE COMPLETED BY PLANNING STAFF ONLY

Parent Case No: _____ Condition No(s): _____

Carrier: _____

Project Site Address: _____

Community Plan Area: _____

Specific Plan, DRB, CDO, POD, NOD, CPIO, or SN, including Subarea, if applicable:

Description of proposed project:

QUESTIONNAIRE

- Type of proposed WTF (e.g., rooftop, monopole, tower): _____

- Height of the existing structure: _____
- Height of the proposed project (including WTF equipment): _____
- Will there be an emergency generator? YES NO
 - If YES, specify location, type, and size (e.g., fuel/kw): _____

- Is there any existing/proposed screening? YES NO
 - If YES, describe: _____

- Describe type and location of ancillary equipment (e.g., cabinets):

- Total square footage of the leased area: _____
- **Sector/Equipment Breakdown.** Complete this table following the format given in the example:

Sector (e.g., 1, 2, 3)	Quantity and Type of Equipment (e.g., 4 Antennas, 4 RRUs, 1 GPS, 1 Microwave Dish)

CONSULTATION COMPLETED

For modification of an existing facility and associated equipment, the following administrative process is required:

- Administrative Sign-Off
- Administrative Plan Approval

NOTES:

Wireless Staff Signature: _____

Print Name: _____

Phone Number: _____ **Date:** _____