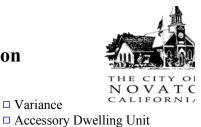
Application for Zoning/Planning/Subdivision Action

Design Review

Use Permit

□ Lot Line Adjustment (no new lots)



□ Variance

□ Sign Review

Certificate of Compliance

X. Other 6409 / ELIGIBLE FACILITY

Type of Application – Please Check	
General Plan Amendment	Subdivision Tentative Map (5 or more lots)
□ Prezoning	□ Land Division Tentative Map (4 or fewer lots)

- □ Prezoning
- □ Rezoning
- □ Master Plan
- □ Precise Development Plan
- □ Tree Permit

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App	plicant Requirea Information				
1.	Assessor's Parcel No(s).: 143-110-01	Existing Zoning:PD			
2.	Property Address: 625 ATHERTON DRIVE / NOVATO / CA 94945				
3.	Property Owner a) Name: JOAN SCHWARTZ	Phone: 415-529-8868			
	b) Address: 48 BRIDGEGATE DRIVE / SAN RAFAEL / CA / 9490)3			
	c) Email address:JASON@BEACONDEV.NET				
4.	Applicant (If Different than Owner)				
	a) Name: JASON F. OSBORNE / BEACON DEVELOPMENT	Phone: 415-529-8868			
	b) Address: 3 ROVINA LANE / PETALUMA / CA 94952				
	c) Email address: JASON@BEACONDEV.NET				
5.	Name of Project (If Applicable):815558 / DISH APP# 562059				
6.	Property Size: N/A				
7.	Type of Use Proposed (Office, Residential, Etc.): COLOCATE ON AN EXISTING T	ELECOM TOWER , 6409 ELIGIBLE FACILITY REQUEST			
8.	Square Footage of Each Use or Number of Units if Residential: <u>N/A</u>				
9.	Purpose of Application (Brief Statement of What You Want to Accomplish):				
	REMOVE EXISTING ANTENNAS NOT IN USE, ADD 3 NEW DISH NETWORK ANTENNAS ON EX. POLE				
	GROUND: REMOVE EXISTING GROUND EQUIPMENT NO LONGER IN USE, ADD DISH NETV	NORKS EQUIPMENT			
	ADD OTHER RELATED TELECOM EQUIPMENT WITHIN EXISTING LEASE AREA, PER DRA	WINGS DATED 3/11/22 POD			
10.	. Signature (Attach Separate Sheets If Needed)				
	Owner X Applicant (Note: If applicant signs, an authorization sign	ned by the owner must be attached.)			
Imp	portant: Please complete Agreement for Payment of Full Cost Recovery Fees f	for Application Processing.			
	ote: Information sheets describing the review process and the additional information allable at the Novato Department of Community Development, 922 Machin Avenue				
	Do Not Write Below This Line				

DEPARTMENTAL INFORMATION

Received by:	Date:	Planning Fee Deposit:
Deemed Complete by:	Date:	Plan Storage \$
Application Acted On By:	Date:	PW/Engineering Fee □ No □ Yes: \$
		Receipt # Date
		C.R.# Initials

Action: