

Application for Zoning/Planning/Subdivision Action



THE CITY OF
NOVATO
CALIFORNIA

Type of Application – Please Check

- | | | |
|---|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Subdivision Tentative Map (5 or more lots) | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Prezoning | <input type="checkbox"/> Land Division Tentative Map (4 or fewer lots) | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Lot Line Adjustment (no new lots) | <input type="checkbox"/> Sign Review |
| <input type="checkbox"/> Master Plan | <input type="checkbox"/> Design Review | <input type="checkbox"/> Certificate of Compliance |
| <input type="checkbox"/> Precise Development Plan | <input type="checkbox"/> Use Permit | <input checked="" type="checkbox"/> Other <u>6409 EFR</u> |

Applicant Required Information

1. Assessor's Parcel No(s): 124-202-28 Existing Zoning: PD - Planned District
2. Property Address: 199 San Marin Drive, Novato, CA
3. Property Owner
 - a) Name: San Marin Partners, LLC Phone: _____
 - b) Address: 445 S Douglas St. #100, El Segundo, CA
4. Applicant (If Different than Owner)
 - a) Name: Jacob Olander (Modus on behalf of DISH Wireless) Phone: 510-919-8293
 - b) Address: 240 Stockton St. 3rd Floor, San Francisco, CA 94108
5. Name of Project (If Applicable): SFSFO01189B
6. Property Size: _____
7. Type of Use Proposed (Office, Residential, Etc.): Retail
8. Square Footage of Each Use or Number of Units if Residential: N/A
9. Purpose of Application (Brief Statement of What You Want to Accomplish): _____
DISH Wireless LLC proposes to collocate with an existing wireless facility site located at 199 San Marin Drive. The proposal is to install six (6) antennas (2 per sector) and twelve (12) RRUs on the rooftop. The equipment cabinet and associated equipment will be installed on the ground behind a fenced area. The antenna will be concealed behind FRP screening, painted to match, and not visible from public view.
10. Signature _____
 (Attach Separate Sheets If Needed)
 Owner Applicant (Note: If applicant signs, an authorization signed by the owner must be attached.)

Important: Please complete Agreement for Payment of Full Cost Recovery Fees for Application Processing.

Note: Information sheets describing the review process and the additional information required for a specific type of application are available at the Novato Department of Community Development, 75 Rowland Way, #200, (415) 899-8989, www.ci.novato.ca.us.

Do Not Write Below This Line

DEPARTMENTAL PROCESS INFORMATION

Application Number(s): _____

Received by: _____ Date: _____ Planning Fee Deposit: \$ _____

Deemed Complete by: _____ Date: _____ Plan Storage \$ _____

Application Acted On By: _____ Date: _____ PW/Engineering Fee No Yes: \$ _____

(Attach PW/Engineering and Planning Worksheets)

Receipt # _____ Date _____

C.R.# _____ Initials _____

Action: _____

Conditions of Approval or Comments: