



Application for Zoning/Planning/Subdivision Action

Type of Application - Please Check

- General Plan Amendment
- Prezoning
- Rezoning
- Master Plan
- Precise Development Plan
- Tree Permit
- Subdivision Tentative Map (5 or more lots)
- Land Division Tentative Map (4 or fewer lots)
- Lot Line Adjustment (no new lots)
- Design Review
- Use Permit
- Variance
- Accessory Dwelling Unit
- Sign Review
- Certificate of Compliance
- Other _____

Section 6409(a) Eligible Facilities Request for modifications to an existing wireless facility.

Applicant Required Information

1. Assessor's Parcel No(s): 132-183-15 Existing Zoning: Wireless Facility
2. Property Address: 2045 Novato Blvd., Novato, CA 94947
3. Property Owner
 - a) Name: T-Mobile Phone: _____
 - b) Address: 1200 Concord Ave. Suite 500, Concord, CA 94520
 - c) Email address: S.Wilson@theCBRgroup.com
4. Applicant (If Different than Owner)
 - a) Name: S. Wilson for T-Mobile Phone: _____
 - b) Address: 1200 Concord Ave. Suite 500, Concord, CA 94520
 - c) Email address: S.Wilson@theCBRgroup.com
5. Name of Project (If Applicable): SF2032 THE SQUARE - (SF72032M Anchor/L600)
6. Property Size: Rooftop
7. Type of Use Proposed (Office, Residential, Etc.): Section 6409(a) Eligible Facility (Existing)
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):
Section 6409(a) Eligible Facilities Request for modifications to an existing wireless facility.

- (Attach Separate Sheets If Needed)
10. Signature S. Wilson for T-Mobile 8/13/24
 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, 922 Machin Avenue, (415) 899-8989, www.novato.org

Do Not Write Below This Line

DEPARTMENTAL 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: \$ _____

Receipt # _____

Date _____

C.R.# _____ Initials _____

Action: _____