



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

TELECOMMUNICATIONS SPECIAL USE WIRELESS APPLICATION

Application # _____

Monopole Co-location Onsite Public Right-of-Way

Site Address _____

Name of Plat _____

Description of Proposal _____

CONTACT INFORMATION

<u>CONTACT</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
Ph _____ Fax _____	
E-mail _____	

<u>APPLICANT</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Application Fee \$ _____ Date _____ Receipt Number _____

Land Use Data (complete the following):

1. Type of Project (Multi-Family, Residential, Commercial, Office, Warehouse, etc.) _____
2. List Proposed Uses and gross floor area or number of units _____

3. Total Land Area in Project Site _____
4. Zoning of Property _____ Sub-district (if in Town Center) _____
5. Comprehensive Plan Designation _____
6. Present Land Use of Site _____
7. Total Building Area Proposed (Gross Square Feet) _____
8. Total Building Footprint (in Square Feet) _____
9. Percentage of Total Lot Coverage by Buildings _____
10. Anticipated Number of Employees _____
11. Total Number of Parking Stalls Proposed _____
 - a) Number of Standard _____
 - b) Number of Compact _____
 - c) Number of Handicapped _____
12. Submit complete responses to the attached Special Use Permit Criteria for Wireless Facilities Supplemental Questionnaire

