



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 WIRELESS FACILITY MODIFICATION

Applicant Required Information

1. Assessor's Parcel No(s): 143-110-01 Existing Zoning: PD
2. Property Address: 615 ATHERTON AVE
3. Property Owner
 - a) Name: IRVING L. SCHWARTZ C/O CROWN CASTLE Phone: (415) 491-1972
 - b) Address: 615 ATHERTON AVENUE NOVATO, CA 94945
 - c) Email address: _____
4. Applicant (If Different than Owner)
 - a) Name: AT&T MOBILITY - GENESIS ALBAN AUTHORIZED AGENT Phone: 925.490.4788
 - b) Address: 5001 EXECUTIVE PARKWAY SAN RAMON, CA 94583
 - c) Email address: GENESIS.ALBAN@PRAMIRA.COM
5. Name of Project (If Applicable): AT&T MODIFICATION
6. Property Size: _____
7. Type of Use Proposed (Office, Residential, Etc.): NO CHAGE
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): WIRELESS MODIFICATION TO AN EXISTING FACILITY SECTION 6409 SPECTRUM ACT ELIGIBLE FACILITY REQUEST.
REMOVAL/REPLACEMENT OF EXISTING ANTENNAS/RRUS/UPDATES TO EQUIPMENT WITHIN EXISTING LEASE AREA

(Attach Separate Sheets If Needed)

10. Signature Genesis Alban
 - 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: _____