



PLANNING APPLICATION FORM

Section A. APPLICATION TYPE(S) *(List all requested application types below, separated by comma)*

Wireless Facilities

Section B. PROJECT LOCATION INFORMATION *(Existing parcel conditions and information only)*

Property Address(es): _____ 75 ROWLAND WAY, NOVATO, CA 94945	Parcel Size (Gross sq. ft.): <u>81887.0</u>
Assessor's Parcel No. ("APN"): <u>153-320-14</u>	Average Parcel Slope (%): <u>5.93919</u>
	Zoning Classification(s): <u>PD-Planned District</u>
	Land Use Designation(s): <u>CG -General Commercial</u>

Section C. PROJECT DESCRIPTION *(Attach additional sheets if needed)*

Modify (E) wireless facility; Relocate (2) (E) sectors to edges of (E) building;

Section D. CONTACT INFORMATION

Property Owner's Name(s): SCP MOB 75 ROWLAND WAY LLC	Applicant Name <i>(If different from owner)</i> Eric W Lentz
Street Address: 11601 WILSHIRE BLVD STE 1750	Street Address: 354 Marble Arch Avenue
City/State/Zip LOS ANGELES CA 90025	City/State/Zip San Jose CA 95136
Email Address: GSALAZAR@STOCKDALECAPITAL.COM	Email Address: lentzplanning@gmail.com
Phone Number: 818-571-4220	Phone Number: 8058954394

Section E. PROPERTY OWNER'S CONSENT AND/OR AUTHORIZATION

I declare under penalty of perjury that I am the owner of said property or have written authority from the property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

_____	12/04/2025
Property Owner(s) OR Authorized Applicant Signature <i>(Required)</i>	Date

Do not write below this line.

DEPARTMENTAL USE ONLY

Application Submittal Information:

Received By: _____ Date: _____
Deemed Complete By: _____ Date: _____

Acted on By: _____ Date: _____

PROJECT No. EFR2025-1249

Application Fee/Deposit Information:

Planning Flat Fee OR Deposit Amt.: _____
Engineering Flat Fee Amt.: _____
Total Amt.: _____
Paid Date: _____ Initials: _____
Receipt No.: _____
Cost Recovery No.: _____