

COMMUNITY & ECONOMIC
DEVELOPMENT
4800 S 188th St
SeaTac, WA 98188
206-973-4750

WIRELESS COMMUNICATIONS FACILITIES (WCF) PRE-APPLICATION WORKSHEET

Purpose: The purpose of this worksheet is to determine which permit(s) and/or land use application(s)

should be submitted for a WCF project and whether a specific proposal qualifies as an

Eligible Facilities Modification under section 6409(a) of the "Spectrum Act".

Fee: None.

	T 1
	Email:
	ject (Example: Replacing 6 antennas on existing attached concealed
facility on water tower):	
_	
II. Building & Electrical Pe	ermit Quastions
	nine if Building and/or Electrical permits will be required for the project.
The questions below will help determ	ine if Buttung und or Electrical permits will be required for the project.
A. Are any new structures p	proposed? (equipment building/ cabinet, foundation(s), tower, etc.)
, and the second	□ Yes □ No
IC	
If yes, describe scope of the ne	ew construction in detail:
	ty or wind loads proposed? (additional arrays or bigger, heavier
R. Are any additional gravit	y or white loads proposed. (additional arrays of orgen, heavier
•	in original tower design etc.)
•	r in original tower design, etc.)
antennas not accounted for	□ Yes □ No
•	□ Yes □ No

OFFICIAL USE ONLY Building Permit Required:	□ Yes	\Box No	Staff Initials
Are any new circuits or wiring proposed? (ne cabinets/buildings etc.)	w or relocated	antenna head,	wiring to new equipment
cuonicis cunungs etc.)	□ Yes	□ No	
If yes describe new circuit or wiring in detail:			
OFFICIAL USE ONLY			
Electrical Permit Required:	\Box Yes	\square No	Staff Initials
IF YOU ANSWERED "NO": To all of the questions in sections A, B, and C, B the project. IF YOU ANSWERED "YES": To any of the questions in sections A, B, and C, a permit requirements will be made based on the d III. Land Use/Zoning questions: (for Eligible 1)	a determinatio etailed descrip	n about Electric otions you provi	cal and/or Building ded.
· ·		•	
A. New Facility Project: Does project include	□ Yes	construction of □ No	f a new WCF facility?
B. Existing Facility Project: Is project at an e	existing WCF	Site?	
	□ Yes	□ No	
1. If yes, describe existing facility (example)	ple: Conceale	d attached WCI	on water tower)

2.		mechanical and electrical specification	antennas ar lons, size an ☐ Yes	nd/or feed lines, where the model, type, and number remains the same."
		an upgrade project. See following i	•	meet the criteria above it is considered ject questions below.
	b.	If yes, provide detailed description	n of project	•
	c.	1 1 0 /	-	ill be the same or different than existing
				ect devices will continue to be concealed naterials will be same, screening method
3.	A proj			teria of a maintenance/repair project as nent by adding or replacing components.
	a. Is	project an upgrade to an existing fa	-	
			□ Yes	□ No
		at apply (Respond" yes" or "no" to an	y of the foll	tify any of the following descriptions owing that apply):
		1	□ Yes	□ No
		- Antenna element combining:		□ No
		- Modifications to equipment encl other similar structures:	osures incia □ Yes	uding cabinets, shelters, pedestals and □ No
		Modifications to devices within		
		transmission and/or reception o		• •
		- Other (describe):	□ Yes	□ No

c.	Project Description : If a facility upgrade project, provide a detailed description of the project. All changes to the facility need to be itemized and match any drawings submitted.
d.	Aesthetic Impact of Project: If a facility upgrade project, describe how the project does o does not impact the aesthetic appearance of the facility (Specifically describe how any upgraded devices will be concealed from view by noting where size, material or color of upgraded components are different than existing devices. Type I Site Plan Review Application may be required if project has significant aesthetic impact.)
	L USE ONLY
WCF Typ	e I Site Plan Review Required: □ Yes □ No Staff Initials
IV. Eligi	ble Facilities Modification questions:
	roposed modification to a "tower" or "base station" meets at least one of the three threshold a below for an <i>eligible facilities request</i> . Check all that apply.
	Collocation of new "transmission equipment" Removal of new "transmission equipment" Replacement of "transmission equipment"
B. Is this a	a modification to an existing, previously approved "existing facility"?
 comple	No (If no, this project does not qualify under Section 6409(a) and it is not necessary to ete the remainder of this form).
	Yes (If yes, provide documentation with permit application of existing approvals, including but not limited to, permit numbers and approval documentation, SEPA determination date, property owner authorization, etc.)
approp	roposed modification a <i>substantial change</i> as defined in 6409(a)? To determine, fill in the priate information below. <i>If the application does not meet any of the criteria listed below,</i> are project does not qualify under Section 6409(a) and it is not necessary to complete this

form.

Height:				
	"Tower" outside of the right "Height" increased by no narray with separation from is greater.	nore than	10% or by the height of o	
	Existing height:	ft.	Proposed Height:	ft.
	OR			
	"Tower" in the right-of-wa "Height" increased by no n	•		
	Existing height:	ft.	Proposed Height:	ft.
Addition	of appurtenances:			
	"Tower" outside of the right Appurtenance protrudes no the tower structure at the le	more tha	an 20 ft from the edge of t	
•	Existing protrusion:		_ft. Proposed protrusion:	ft.
	OR			
	"Tower" in the right-of-way Appurtenance protrudes from	•		
	Existing protrusion:		_ft. Proposed protrusion:	ft.
Cabinets:				
	"Eligible support structures If cabinets already exist, pr technology involved, not to	oposal in		r of cabinets for the
	Type of technology:			
	Number of equipment cabin	nets requ	ired for the technology: _	
	Total number of cabinets p	roposed:	cabinets (may no	ot exceed 4 total)
	OR			
	"Tower" in the right of way Proposal does not add any			
	Number of proposed cabine	ets:		

	OR
	"Tower" in the right of way and base stations with existing cabinets: If there are existing cabinets, new ground cabinets do not exceed 10% larger in height or overall volume than any other ground cabinets associated with the structure.
	Size of largest existing cabinet(s): Ht.: Volume:
	Size of proposed cabinet(s):
	Ht.: % Change: Volume: % Change:
Excavati	on (check which applies):
	Project does not entail any excavation or deployment outside the current "site."
	Project includes excavation or deployment outside the current "site."
Concealr	ment (check which applies):
	Project does no defeat the concealment (concealed or stealth-designed facilities) elements of the "eligible (existing) support structure."
	Project defeats the concealment elements of the "eligible support structure."
Project (Conditions (check which apply):
	Project meets all existing, underlying Conditions of Approval. If applicable, provide conditions of approval from the underlying approval(s) to ensure compliance with the conditions associated with the original approval, including siting approval of the construction or modification of the "eligible support structure" or "base station."
	Project does not meet existing, underlying Conditions of Approval.

WCF Project Pre-Application Worksheet Submittal Requirements

The following materials must be submitted. Additional information may be requested.

REQUIRED SUBMITTAL INFORMATION TO ACCOMPANY WORKSHEET

Number of Copies	Materials
3 copies	Completed WCF Project Pre-Application Worksheet
3 copies	Site Plan/Drawings (11 x 17)
	Projects at Existing WCF Sites Must Show:
	1.) Facility Plan identifying:
	All site components with location(s) of proposed modifications
	identified on drawings (including dimensions)
	2.) Drawings/Diagrams/Elevation Sheets identifying:Screening method applied to all new or upgraded equipment (including any changes to size, materials or colors that help to ameliorate potential impacts to the aesthetics of the facility)