

## Form W2: WIRELESS TELECOMMUNICATIONS FACILITIES WAIVERS

A single PDF file of the complete application including all plans and documents being submitted must be emailed to [PLNDRS@cabq.gov](mailto:PLNDRS@cabq.gov) prior to making a submittal. Zipped files or those over 9 MB cannot be delivered via email, in which case the PDF must be provided on a CD.

### WIRELESS TELECOMMUNICATIONS FACILITY (WTF) WAIVER

- Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-6(O)(3)
- Scaled Site Plan and related drawings (10 copies, 11" x 17" folded to 8.5" x 11")
- Site Plan and related drawings reduced to 8.5" x 11" format (1 copy)
- Evidence demonstrating that collocation possibilities were considered, consisting of a written response to IDO Section 14-16-4-3(E)(10)(l)4.(a through d) and any supporting materials such as engineering maps.
- Describe the facility's capacity,
  - Include a notarized statement from the applicant which declares the number and type(s) of antenna(s) that it can accommodate, or an explanation why the facility cannot be designed to accommodate other users.
  - Include an affidavit explaining what the engineering requirements are and the factual basis for those requirements
- Letter of intent stating the applicant will agree to shared use of proposed WTF if reasonable conditions are met
- Distance to the nearest existing free standing tower and its owner's name if the proposed facility is also a free standing tower
- For sites in View Protection Overlay (VPO) Zones, Historic Protection Overlay (HPO) Zones, located near View Corridors or Major Public Open Space, or in another mapped area with specific regulation for Wireless Telecommunications Facilities: explanation of how the facility meets those regulations

*I, the applicant or agent, acknowledge that if any required information is not submitted with this application, the application will not be scheduled for a public meeting or hearing, if required, or otherwise processed until it is complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  Applicant or  Agent

#### FOR OFFICIAL USE ONLY

Project Number:	Case Numbers	
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Staff Signature: _____		
Date: _____		