

FORM P(6): WIRELESS TELECOM FACILITY (WTF)- FREE-STANDING, COLLOCATION or OTHER TYPE (AA04)

(EXCEPT FOR NON-CONCEALED COLLOCATIONS, SWAP-OUTS, AND MOST UPGRADES, WHICH GO TO THE ZONING FRONT COUNTER AT THE BUILDING SERVICES CENTER - EAST SIDE)

⇒ Please call Current Planning Staff for completeness review of the checklist items.

- ___ 1. Letter describing the request and discussion of its how it relates to the WTF Regulations [Zoning Code §14-16-3-17].
- ___ 2. Letter of authorization from the property owner if the application is submitted by an agent.
- ___ 3. Fee (see fee schedule).
- ___ 4. Any relevant file numbers (case history of previous development applications) must be listed on cover application.
- ___ 5. Copy of EPC Official Notice of Decision, if the subject site went through the EPC process.
- ___ 6. Copy of approved Site Development Plan being amended by adding the proposed WTF, if applicable.
- ___ 7. Proposed Site Development Plan set – 1 copy - 11” x 17” (No electrical sheets needed).
Site Development Plan sheets must be stamped by a registered engineer or architect.
 - ___ a. Title sheet with standard notes regarding Abandonment, Health Issues, FCC and Lighting
 - ___ b. Photo sheet showing photos of the site and where the proposed WTF and equipment would be
 - ___ c. Over all site development plan with land use and zoning shown
 - ___ d. Detailed site development plan with land use and zoning shown
 - ___ e. Elevations for all four sides of the project and antenna detail
 - ___ f. Landscape plan if the project is a freestanding facility
 - ___ g. Survey sheet(s)
- ___ 8. Photo simulations of before and after the proposed WTF (3 views minimum). Include a map to show from where photos were taken.
- ___ 9. City Zone Atlas map page, with location of the subject site clearly indicated.
- ___ 10. 1 map showing Zoning of the subject site and adjacent properties.
- ___ 11. 1 map showing Land Use (ex. residential, commercial, etc.) of the subject site and adjacent properties.
- ___ 12. For free-standing WTFs: Evidence demonstrating that collocation possibilities were considered, consisting of a written response to §14-16-3-17(C)(2)(a through d) and any supporting materials such as engineering maps.
- ___ 13. Notarized statement re: WTF capacity, number and types of proposed antennas and if another user can be accommodated on the proposed WTF [see §14-16-3-17(A)(13)(d)(1)(e)].
- ___ 14. Affidavit (notarized statement) re: explanation of factual basis for the proposed WTF’s engineering requirements [see §14-16-3-17(D)(1)(d)(3)] Note: Notarized statement and affidavit must be on separate pages.
- ___ 15. Letter of intent re: shared use of proposed WTF if reasonable conditions are met [§14-16-3-17(D)(1)(e)].
- ___ 16. For free-standing WTFs: a map of existing WTFs within a ½ mile radius of the site [§14-16-3-17(D)(1)(a)(5)].
- ___ 17. Response from the Office of Neighborhood Coordination (ONC) listing contacts from affected neighborhood organizations [§14-16-3-17(D)(1)(f)].
- ___ 18. Copy of letter and site plan sheet(s) to both contacts for each neighborhood organization, with certified return receipts.
- ___ 19. List of property owners within 100 feet of the subject site and copy of letter and site plan sheet(s) sent to property owners, with certified return receipts [§14-16-3-17(D)(1)(f)].
- ___ 20. A map buffering 100 feet around the subject site, excluding the right-of-way (ROW) of streets.
- ___ 21. Supplemental Application Form for Wireless Projects – filled out completely, with the required attachments provided and labeled.
- ___ 22. For collocation on a public utility pole: the PNM approved site plan set for the proposed WTF (1 copy).

NOTE: For WTFs proposed to be located on City of Albuquerque property, a lease agreement with the City will be needed. Please contact Catalina Lehner at (505) 924-3935 for more information.

I, the applicant, acknowledge that any information required but not submitted with this application will likely result in rejection of this application and/or deferral of actions.



Applicant’s Name (please print!)

Applicant’s Signature/Date

Checklists Complete

Fees Collected Case Number _____

Case # Assigned Staff Signature & Date _____

Related #s Listed Project Number _____