



ZONING PERMIT APPLICATION



This application must be submitted in person. For a submittal appointment, call 213-974-6438.

THIS SECTION - STAFF USE ONLY

Plan: _____	Code Section: _____	Project No. <u>2016-DD1423</u>
Zone: _____		Permit No. <u>RPPL 2016DD3474</u>
CSD: _____		
TOD: _____		
ESHA / SEA: _____		RFS No. _____
SA: N E <u>W</u> SD: 1 2 3 <u>4</u> ZD: _____		GB? Y N LID? Y N DT? Y N

1. Subject Property (Sujeto Propiedad)

Assessor's Parcel Number(s) 7480-041-002 Property Size (Gross Area in Acres) _____

Property Address or Site Location
Mt. Black Jack, Santa Catalina Island CA

Name of Business or Establishment (If Applicable): _____

2. Uses (Usos)

Current: Wireless Telecommunication Facility Proposed: Same

Continued (Renewal) Previous Permit Number: _____ Attach copy of Findings and Conditions if available.

3. Project Description (Proyecto) Describe project in detail. Attach additional page(s) if necessary. See Instructions/Checklist

Removal of all existing equipment form the indoor equipment room and relocation into the new proposed lease area.
Removal of six (6) panel antennas on existing site and installation of twelve (12) panel antennas on new proposed 65' steel monopole.
Installation of nine (9) RRUs on proposed steel monopole.

Check/Complete All That Apply:

No Improvements Proposed Demolition Private Septic System Private Well

New Building Construction (SF): _____ New Impervious Surfaces (Paving, Roofs, Etc. - SF): _____

Grading (CY) Cut: _____ Fill: _____ Import: _____ Export: _____ Balanced on Site

Alcohol Sales: Beer & Wine or Full Line of Alcohol On-site Consumption or Off-site Consumption

4. Applicant (Solicitante)

Name: <u>Verizon</u>	Phone: <u>(949) 286 - 7000</u>
Address: <u>15505 Sand Canyon Ave</u>	Fax: _____
City/State: <u>Irvine, CA</u>	ZIP: <u>92618</u>
	Email: _____

5. Agent (Agente) If different from applicant

Name: <u>Areej Rajput c/o CORE Development Services</u>	Phone: <u>(714) 309-7904</u>
Address: <u>3350 E. BirchSt, Ste 250</u>	Fax: <u>(714) 333 - 4441</u>
City/State: <u>Brea, CA</u>	ZIP: <u>92821</u>
	Email: <u>arajput@core.us.com</u>

6. Property Owner(s) (Dueño/a Registrado) If different from applicant

Name: <u>Santa Catalina Island Conservancy</u>	Phone: <u>(310) 510 - 2595 x113</u>
Address: <u>P.O. Box 2739</u>	Fax: _____
City/State: <u>Avalon, CA</u>	ZIP: <u>90704</u>
	Email: _____

7. Owner / Applicant Certification (Certificación del Solicitante, Agente o Dueño/a)

By my signature below, I hereby certify the following:

1. I understand that it is the responsibility of the applicant to substantiate the request through the Burden of Proof.
2. I understand there is no guarantee - expressed or implied - that any permit will be granted. I understand that each matter must be carefully evaluated and after the evaluation has been conducted or the public hearing has been held. Staff's recommendation or decision may change during the course of the review based on the information presented.
3. I understand that planning staff is not permitted to assist the applicant or opponents of the project in preparing arguments for or against a request.
4. I understand that the environmental review associated with the submittal of this application is preliminary, and that after further evaluation, additional information, reports, studies, applications and/or fees may be required.
5. I understand that if my application is denied, there is no refund of fees paid.
6. I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.
7. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
8. I have read and understand the foregoing, and agree to the submittal of this application.

Signature (Blue Ink): *Please see attached*

Date:

Print Name:

Check One: Owner Applicant

8. Oak Tree Certification (Certificación de Árboles Robles) (Pursuant to Chapter 22.56, Pt. 16)

Check only one box below:

- By my signature below, I certify that there are no oak trees or oak tree protected zones (five feet from the drip line of the canopy or within 15 feet of any oak tree trunk, whichever distance is greater) located on the subject property or properties.
- By my signature below, I certify that there are oak trees or protected zones (five feet from the drip line of the canopy or within 15 feet of any oak tree trunk, whichever distance is greater) within the subject property or properties, but that no work will be done within these protected areas. This applies to on and off-site oak trees. All oak tree dimensions, including trunk diameter and canopy, should accurately be depicted on the plans and be drawn to an acceptable scale.
- By my signature below, I certify that project activity will occur within the protected zone of an oak tree (five feet from the drip line of the canopy or within 15 feet of an oak tree trunk) and that I have concurrently submitted an Oak Tree Permit application. All oak tree dimensions, including trunk diameter and canopy, are accurately depicted on the plans and drawn to an acceptable scale.

Signature (Blue Ink):

Date: 7/28/16

Print Name: Areej Rajput c/o Core Development

Check One: Owner Applicant Agent

9. Santa Monica Mountains Local Coastal Program (Programa Local Costero de las Montañas de Santa Monica) (Pursuant to Chapter 22.44.600 et seq.) (Complete only if project is within the Santa Monica Mountains Coastal Zone)

Check only one box below:

- It is my understanding that this proposed development project is EXEMPT from the LIP pursuant to Section 22.44.820, and I have attached all of the material required in the LIP Exemption Determination Checklist.
- It is my understanding that this proposed development project requires a Coastal Development Permit (CDP) pursuant to the LIP, and I have attached all of the material required in the Santa Monica Mountains Local Coastal Program CDP Checklist.

Signature (Blue Ink):

Date: 7/28/16

Print Name: Areej Rajput c/o Core Development Services

Check One: Owner Applicant Agent

10. Lobbyist Statement (Información de un Grupo de Presión)

The Los Angeles County Lobbyist Ordinance, effective May 7, 1993, requires certification that each person who applies for a County permit is familiar with the requirements of Ordinance No. 93-0031 (Lobbyist Ordinance), and that all persons acting on behalf of the applicant have complied and will continue to comply with the requirements of said Ordinance through the application process. By my signature below, I hereby certify that I am familiar with the requirements of Ordinance No. 93-0031 and understand that making such a certification, and compliance with this ordinance, shall be conditions precedent to granting the permit requested, license, contract or franchise.

Signature (Blue Ink):

Date: 7/28/16

Print Name: Areej Rajput c/o Core Development Services

Check One: Owner Applicant Agent

Lobbyist Permit Number, If Applicable:

The information requested is required for a Zoning Permit, Coastal Development Permit, Director's Review and Oak Tree Permit, pursuant to Title 22 of LA County Code. Failure to provide complete and accurate information will cause delay. All required supplemental information must be submitted with this application. Additional application forms are available at: <http://planning.lacounty.gov/apps>. See instructions and checklist. For assistance, call 213-974-6411 or click <http://planning.lacounty.gov/who>.

IF YOU SUSPECT FRAUD OR WRONGDOING BY A COUNTY EMPLOYEE, PLEASE REPORT IT TO THE COUNTY FRAUD HOTLINE AT 1-800-544-6864 OR WWW.LACOUNTYFRAUD.ORG.

YOU MAY REMAIN ANONYMOUS.

THIS SECTION - STAFF USE ONLY - LDCC COMMENTS

Empty dashed box for staff comments.



**Los Angeles County
Department of Regional Planning**



Planning for the Challenges Ahead

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

PLEASE READ CAREFULLY

- Consult with planning staff to determine if your project is subject to CEQA.
- This questionnaire will assist the county in conducting an Initial Study, for projects subject to the California Environmental Quality Act (CEQA).
- Call 213-974-6438 to schedule a submittal appointment.
- Must be submitted in person.

STAFF USE ONLY

PROJECT NO:	_____		
PERMIT NO:	_____		
ENV:	_____	CE? Y N	CLASS#: _____
ZONE:	_____	PLAN: _____	
ESHA/SEA? Y N	ESHA/SEA: _____		
CSD/TOD? Y N	CSD/TOD: _____		
SUPV DIST:	1 2 3 4 5	ZONED DIST: _____	
	COASTAL? Y N	HSG PERMIT? Y N	
RFS? Y N	RFS NO: _____		

1. Subject Property (Sujeto Propiedad)

ASSESSOR'S PARCEL NUMBER(S):

7480 - 041 - 002

SUBJECT PROPERTY ADDRESS OR SITE LOCATION:

Mt. Black Jack, Santa Catalina Island CA

2. Project Description (Descripción del Proyecto) Attach additional sheets if necessary.

Removal of all existing equipment from the indoor equipment room and relocation to new proposed lease area.

Removal of (6) panel and installation of (12) panel antennas on a new proposed 65' steel monopole; (9) RRU's;

and generator

3. Owner(s) (Dueño/a Registrado)

NAME: Santa Catalina Island Conservancy		PHONE: (310) 510 - 2595 x 113
ADDRESS: P.O. Bo 2739		FAX:
CITY / STATE: Avalon, CA	ZIP: 90704	E-MAIL:

4. Applicant (Solicitante) If different from owner

NAME: Verizon		PHONE: (949) 286 - 700
ADDRESS: 15505 Sand Canyon Ave		FAX:
CITY / STATE: Irvine, CA	ZIP: 92618	E-MAIL:

5. Agent (Agente) If different from owner / applicant

NAME: Areej Rajput, Core Development Services		PHONE: (714) 309 - 7904
ADDRESS: 3350 E. Birch St, Ste 250		FAX: (714) 333 - 4441
CITY / STATE: Brea, CA	ZIP: 92821	E-MAIL: arajput@core.us.com

Primary contact regarding this questionnaire? Check one: Owner Applicant Agent

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

1. Describe each item as it relates to the PROJECT SITE:

a. Existing land uses / structures: Existing Wireless Telecommunication Facility

b. Topography / slope: N/A

c. Vegetation: N/A

d. Wildlife: N/A

e. Surface waters: N/A

f. Cultural / historical resources: N/A

g. Other:

2. Describe each item as it relates to the SURROUNDING AREA:

a. Existing land uses / structures:
Existing Wireless Telecommunication Facility

b. Topography / slope: N/A

c. Vegetation: N/A

d. Wildlife: N/A

e. Surface waters: N/A

f. Cultural / historical resources: N/A

g. Other:

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

3. Will the proposed project change the pattern, scale or character of the surrounding general area?

Yes No If yes, describe:

4. What steps can be taken to mitigate any adverse effects that may result from this project? List the adverse effect first, then the mitigation measure(s) to reduce that effect.

N/A

5. Have the water, sewer, fire and flood control agencies serving the project been contacted to determine their ability to provide adequate service to the proposed project?

Yes No If yes, attach response.

GEOLOGY

6. Are there identifiable landslide risk, fault lines or zones, liquefaction hazards, expansive soils, or subsidence risks which that would impact the project? Is the project site located on uncompacted fill?

Yes No Unknown If yes, describe:

7. Does the project propose grading or alteration of topography, or contain slopes over 25 percent?

Yes No If yes, describe:

FLOOD

8. Does the project site contain a drainage course or waterway?

Yes No Unknown If yes, describe:

9. Is the project located within or contain a floodway, flood plain or designated 100-year flood hazard zone?

Yes No Unknown If yes, describe:

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

10. Will the project alter the existing drainage pattern of the site or area? Do offsite drainage facilities have capacity to accommodate site runoff?

Yes No Unknown If yes, describe:

FIRE

11. Is the property located within a Very High Fire Hazard Severity Zone (VHFHSZ) or hillsides area with moderately-to-very dense vegetation?

Yes No Unknown

12. Distance from project site to nearest fire station: _____ miles

NOISE

13. Describe existing noise sources and noise levels that now affect the site (aircraft, roadway noise, railroads, industry, etc.) and how they will affect proposed uses:

N/A

14. Describe the type of short-term and long-term noise to be generated, including the source and amount:

N/A

15. Are sensitive receptors, e.g., schools hospitals, residences, located near the project site? How will project noise levels affect adjacent properties and on-site uses?

NO; N/A

16. What methods of soundproofing are proposed?

N/A

WATER QUALITY

17. Does the project propose the use of a private water well?

Yes No Unknown

18. Does the project propose private wastewater disposal or on-site septic systems?

Yes No

19. How much wastewater will the project generate? Unknown N/A

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

20. Are there any bodies of water (including domestic water supplies) into which the site drains?

Yes No Unknown If yes, describe:

AIR QUALITY

21. Will the project result in increased air emissions or create objectionable odors during or after construction?

Yes No Unknown If yes, describe:

GREENHOUSE GASES

22. Will the project generate greenhouse gas (GhGs) emissions, either directly or indirectly, that may have a significant impact on the environment (i.e., on global climate change)? The significance of the impacts of a project's GhG emissions should be evaluated as a cumulative impact rather than a project-specific impact.

Yes No Unknown If yes, describe:

23. Will the project conflict with any applicable plan, policy, or regulation adopted for the purpose of reducing the emissions of greenhouse gases including regulations implementing California AB 32 of 2006, the General Plan policies for implementing actions to reduce greenhouse gas emissions?

Yes No Unknown If yes, describe:

BIOTA

24. Is the project located within a Significant Ecological Area (SEA), SEA Buffer, Coastal Zone, coastal Environmentally Sensitive Habitat Resource Area (ESHA), Wildflower Reserve Area, or within a relatively undisturbed natural area?

Yes No If yes, describe:

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

25. Will grading, fire clearance or other improvements remove natural habitat or relatively undisturbed area?

Yes No If yes, describe:

26. Does the project contain coastal sage scrub, oak woodland, sycamore riparian, oak woodlands, wetlands, or other sensitive natural communities?

Yes No Unknown If yes, describe:

27. Does the project area contain any known suitable habitat for listed endangered or threatened species, other sensitive species, or a wildlife corridor?

Yes No Unknown If yes, describe:

OAK TREES

28. Are protected oak trees present? *(Oak Tree Permit may be required.)*

Yes No. If yes, indicate :

Total number of protected oak trees to be encroached: _____

Total number of protected oak trees to be removed : _____

29. Would the project, including project buildout, require removal of protected oak trees?

Yes No

CULTURAL RESOURCES

30. Does the project site contain rock formations indicating potential paleontological resources?

Yes No Unknown If yes, describe:

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

31. Does the project site contain known archeological resources, or historic structures or sites?

Yes No Unknown If yes, describe:

AGRICULTURE AND FORESTRY

32. Does the project conflict with existing agricultural zoning or convert existing farmland to a non-agricultural use?

Yes No Unknown If yes, describe:

AESTHETICS

33. Is the project visible from a scenic highway or is it located within a scenic corridor?

Yes No Unknown If yes, describe:

34. Will the project impact a riding or hiking trail, ridgeline, shoreline view, significant natural feature or previously undisturbed area?

Yes No Unknown If yes, describe

35. Is the proposed use out-of-character in comparison to adjacent uses due to height, bulk or other features?

Yes No Unknown If yes, describe:

36. Will the project create sun shadow, light or glare problems?

Yes No Unknown If yes, describe:

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

TRAFFIC / ACCESS

37. Estimate the post-construction vehicular traffic generated by the proposed project:

- 0 – 50 trips per day 51 – 250 trips per day 251 – 500 trips per day 500 + trips per day

38. Explain what effects the project may have on parking, vehicular traffic circulation, and potential traffic safety hazards in the area:

N/A

39. Explain what effect, if any, the project may have on pedestrian or other non-motorized circulation in the area:

N/A

40. Will the project conflict with public transit facilities (bus and rail) or bicycle facilities and bicycle lanes?

- Yes No Unknown If yes, describe:

SCHOOLS (Residential Projects Only)

41. Indicate school district(s) serving the project:

42. Estimate the number of school children who will reside in the proposed project: _____

43. Do existing school facilities adequately accommodate the proposed project?

- Yes No Unknown

Verified by school administration? Yes No If yes, attach verification. If no, describe provisions for additional classroom capacity:

ENERGY CONSERVATION

44. Describe energy sources for the proposed project, and proposed designs, materials or features of the project that promote energy conservation or use of non-fossil-fuel energy sources.

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

HAZARDOUS MATERIALS

45. In the known history of the property, has there been any use, storage, or discharge of hazardous or toxic materials? Examples of hazardous or toxic materials include, but are not limited to, PCB's; radioactive substances; and herbicides, pesticides; paints; fuels, oils, solvents, or other flammable liquids or gases.

Yes No Unknown

If yes, please list the materials and describe their use, storage, or discharge on the property, including the dates of use, if known. Also note underground storage of the above:

46. Will the proposed project involve the temporary or long-term use, storage, discharge, or disposal of hazardous and/or toxic materials, including but not limited to those examples listed above?

Yes No If yes, provide an inventory of all such materials to be used and method of disposal:

NON-RESIDENTIAL PROJECTS

47. Workforce:

- a) Number of daily work shifts: _____
- b) Operating days and hours: _____
- c) Maximum number of employees: _____
- d) Maximum number of employees per shift: _____

48. Describe end products:

N/A

49. Describe waste products, including nonhazardous and hazardous waste:

N/A

50. Method of nonhazardous and hazardous waste disposal:

N/A

ENVIRONMENTAL ASSESSMENT INFORMATION FORM

Project No.: _____

51. Do operations require any pressurized tanks?

Yes No If yes, describe

N/A

52. Will delivery or shipment trucks travel through residential areas to reach the nearest highway?

Yes No. If yes, describe.

N/A

53. Other project or site condition information:

Owner / Applicant / Agent Application Certification (Certificación del Solicitante, Agente o Dueño/a)

By my signature below, I hereby understand and certify the following:

- 1. I understand that the environmental review associated with the submittal of this form is preliminary, and that after further evaluation, additional information, reports, studies, applications or fees may be required.
- 2. I understand that, whether or not my application is approved or denied, there may be a partial or no refund of fees paid, and;
- 3. I understand that submitting inaccurate or incomplete information may result in delays or the denial of my application, and;
- 4. I certify that the information provided in this form, including attachments, is accurate and correct to the best of my knowledge.

SIGNATURE: _____ DATE: 7/28/16

PRINT NAME: Areej Rajput, Core Development Services CHECK ONE: Owner Applicant Agent

Archaeological Statement (Declaración Arqueológico)

Under the discretion of the Dept. of Regional Planning, proposed projects may be forwarded to the Archeological Information Center for consultation regarding potential impacts to historical and cultural resources, in order to assure the protection and preservation of Los Angeles County's historic and archeological resources. This review requires a nominal processing fee which will be billed directly to the applicant by Cal-State University. By my signature below, I understand this process and possible additional fees.

SIGNATURE (BLUE INK): _____ DATE: 7/28/16

PRINT NAME: Areej Rajput, Core Development Services CHECK ONE: Owner Applicant Agent