TELECOMMUNICATION FACILITIES

USE PERMIT/ SITE PLAN APPROVAL APPLICATION PACKET

1. Preliminary Use Permit Need Determination
2. Telecommunications Facilities Use Permit/Site Plan Approval Application Completeness Checklist
3. Telecommunication Facility Use Permit/Site Plan Approval Application Form
4. Telecommunication Facility Basic Information Sheet
5. Indemnification Agreement
6. Hazardous Materials Information Sheet
7. Site Location Map Blank
8. Sample Graphics
9. Sample Indemnification Agreement
10. Sample Maintenance/Indemnification Agreement
11. Telecommunication Facilities Regulation Compliance Form

PRE-SUBMISSION REQUIREMENTS

Prior to the submission of your application materials, please call Planning Division Secretary at (707) 253-4417 to schedule a pre-submittal application review meeting (See Completeness Checklist). The purpose of the meeting is to review your application to make sure it is complete for submittal. According to state law, your application will receive a determination of completeness within thirty (30) days after submittal.
Pursuant to state law, a determination of completeness will be made within thirty (30) days of application submittal.

Filing Prerequisite:
1. ___ Pre-Submittal Application Review Meeting with Planning Division Staff (Date: ________________).  

Basic Information Typically Required:
2. ___ Completed Signed Use Permit/Site Plan Approval Application Form/Indemnification Agreement.
3. ___ Completed Telecommunications Facility Basic Information Sheet.
4. ___ Accurate Site Location Map (on 7" by 52" portion of a 72-minute U.S. Geological Survey topographic map taped/glued, not stapled, in the space provided on the site location map blank supplied) Showing:
   - (a) Boundaries of parcel(s) involved;
   - (b) Location of all existing improvements to be employed including but not limited to existing access roads; AND
   - (c) Location of all new improvements planned including, but not limited to, towers, buildings, access roads/driveways, and utility line extensions. The locations of all items plotted must be accurate to within 50 feet (ie, within 1/20 of an inch).
5. ___ To-Scale Site Access Plan □ two full size copies PLUS □ one (1) clean readable black-line reduction on 8 1/2" by 11" paper) showing:
   - (a) Road location;
   - (b) Whether road is new, modified existing, or unmodified existing;
   - (c) Travelway and shoulder width(s);
   - (d) Proposed location of required turnouts;
   - (e) Surface (e.g., dirt, gravel, pavement, etc);
   - (f) Positions of new/modified cuts and fills and their height;
   - (g) Proposed location(s) of required address sign(s);
   - (h) Proposed location(s) of any utility line extensions required;
   - (i) Applicant's name and assessor's parcel number(s); AND
   - (j) North arrow, graphic map scale, and date plan prepared  
     (Only if construction/modification of more than 300 feet of access road required).
6. ___ To-scale dimensioned site plan with details as necessary ( □ two full size copies PLUS □ one (1) clean readable black-line reduction on 8 1/2" by 11" paper) Showing
   - (a) Property lines of the subject parcel(s);
   - (b) Location and names of all existing and proposed streets and rights-of-way serving the subject parcel(s);
   - (c) Topography of those portions of the property to be disturbed where slopes exceed 5%;
   - (d) Location of any drainage courses, ponds, or reservoirs on or adjoining the subject parcel(s) (all blue-line streams and drainageways with a well-defined channel deeper than 4 feet with side slopes steeper than 3:1 in or adjacent to areas to be disturbed must be clearly identified);
   - (e) Location of all existing structures, buildings, telecommunication facilities, parking areas, utility lines, and other features whose presence may affect the use of the property;
   - (f) Location of the proposed development including, but not limited to, all towers, guy wire anchors, buildings, other structures, required graveled areas, required fuel modification zones, utility line extensions, driveways, and parking spaces/loading areas with an indication of the direction they drain;
   - (g) Setbacks of all proposed buildings and improvements from the nearest existing/proposed property lines;
   - (h) Location and height of any required cuts and fills taller than 2 feet;
   - (i) Location and distance to all habitable structures and areas regularly used by people within 400 feet of the proposed antenna(s);
   - (j) Distance, and where on plan, location of nearest existing telecommunication tower;
   - (k) Location and distance to any public trail, park, or other outdoor recreational area on or adjacent to the site;
   - (l) Applicant's name and assessor's parcel number(s); AND
   - (m) North arrow, graphic map scale, and date plan prepared.
7. ___ To-Scale dimensioned elevations of all sides of all facilities (G two full size copies PLUS G one (1) clean readable black-line reduction on 8 1/2" by 11" paper) specifying

☐ (a) Wall, roof, tower, and antenna materials;
☐ (b) Wall, roof, tower, and antenna colors;
☐ (c) Fencing, air conditioning units, and outdoor light locations;
☐ (d) Any roof top features including vents, chimneys, and antennas;
☐ (e) Building/enclosure and tower heights (measured from natural pre-facility construction surface of the ground beneath the center of the antenna support and tip of highest piece of equipment attached thereto);
☐ (f) Relation of the tip of the tower, the antenna(s) and the antenna support(s) to the top of the surrounding tree canopy;
☐ (g) Applicant's name and assessor's parcel number(s); AND
☐ (h) View identification, graphic map scale, and date elevation prepared.

If no elevation change proposed, photo may be substituted.

8. ___ Photo-Simulation(s) showing site from at least the 3 most severely impacted locations with any without the proposed facility (on 8" x 10" or larger color photographs).

9. ___ Service area map delineating the extent of area served by proposed facility and, where relevant, indicating the direction and distance to the adjoining facilities to which the signal will be "Handed Off" (on portion of 1" = 2 mile County base map with topography).

10. ___ Airport Operator Certification indicating that installation of proposed facility will not adversely affect operation of his Airport (only if site within safety zone of an airport).

11. ___ Copies of any open space easements or other similar use restrictions affecting the subject parcel.

12. ___ Easement or other proof of the right to use the access road involved (only if access from a private road).

13. ___ Toxic, hazardous, or highly flammable materials use and/or storage list.

14. ___ List of nearby Telecommunication Facilities (i.e., those within 1 mile).

15. ___ Nearby Telecommunication Facility Operator mailing labels on an 8 1/2" by 11" sheet of Avery #5353 plain paper copier labels (must include names and mailing address of the operators of all telecommunication facilities within 1 mile of proposed facility).

16. ___ Title Insurance Co Certified nearby property owner's mailing labels On An 8 1/2" by 11" sheet of Avery #5351 plain paper copier labels (names and mailing addresses, with APNs, of owners of all the parcels within 1000 feet of the parcel
(a) On which the planned facility is to be located and
(b) Any parcel(s) through which a private access road to be used passes).

17. ___ Annotated Assessor's pages and copy of the latest equalized assessment roll used in compiling nearby property owners mailing labels (the 1000 foot line from the boundaries of the subject assessor's parcel(s) must be delineated on the assessor's pages submitted and the parcels included on the mailing labels indicated by a highlighted parcel number).

18. ___ Check For ☐ $ __________ (Use Permit) ☐ $ __________ (Site Plan Approval), Or ☐ $ __________ made out to the County Of Napa. (fees to be determined at the time of pre-application meeting).

Additional Information Normally Required For Tower Installations:

19. ___ Visual Impact Demonstration: Installation of a full scale mock-up of the planned tower (the mock-up must be installed on a date coordinated with and approved by the Planning Division and shall remain up for at least 5 days following its installation. Notice in a form specified by the department that the mock-up has been installed and that comments are being sought by the County shall be provided starting on the day prior to installation).

20. ___ Technical demonstration showing unavoidable need for tower to exceed county height limit or overall lessened visual impact (normally only if tower exceeds 50 feet in height).

21. ___ Cross-Sectional Area Calculation specifying the maximum cross sectional area or silhouette of the tower with all antennas, dishes, and other devices proposed attached.

22. ___ Structural Engineer's Report demonstrating that the tower when fully loaded will withstand without collapse the maximum forces expected from wind, earthquake, and ice (only if tower is situated less than 110% of its height from a habitable structure, property lines, or another tower).
23. ___ Structural Engineer's Certification indicating that fully-loaded tower is designed to withstand the maximum credible earthquake expected without a failure that would put the facility involved out of service (critical disaster response facilities only).

24. ___ To-Scale Building/Enclosure floor plans (clean readable black-line copy on 8 1/2” by 11” paper) showing:
   - (a) Dimensions and area of each room;
   - (b) Use of each room;
   - (c) Door and window location(s);
   - (d) Applicant's name and assessor's parcel number(s); AND
   - (e) North arrow, graphic map scale, and date plan prepared.

25. ___ Conceptual Site Vegetation Removal/Re-vegetation Plan (clean readable black-line copy on 8 1/2” by 11” paper identifying:
   - (a) Location, species, diameter, & height of all trees 6” and larger in diameter to be removed;
   - (b) Location of all trees to be trimmed;
   - (c) Location, species, and size of any new trees to be planted;
   - (d) Location, species, and size of any other native and/or adapted vegetation to be planted;
   - (e) Applicant's name and assessor's parcel number(s); AND
   - (f) North arrow, graphic map scale, and date plan prepared.

26. ___ Security Program Approved by the Napa Co Sheriff's Dept (must include physical features such as fencing, anti-climbing devices or elevating ladders, and monitoring by staff or electronic devices to prevent unauthorized access and vandalism).

Further Information That May Be Required by Environmental Health:

27. ___ Water Supply/Waste Disposal System plot plan showing all existing and proposed wells and any on-site sewage disposal systems (including in case of septic systems a 100% reserve area) (only if on-site water supply or sewage disposal system proposed).

28. ___ Water Service Availability Letter (only if water from water company or district to be used).

29. ___ APPROVED Soil Evaluation Report (only if on-site septic system planned).

30. ___ APPROVED Engineering Feasibility Report (only if on-site pond system or engineered septic system proposed or if peak waste flows exceed 1,500 gallons/day).

31. ___ Sewage Service Availability Letter (only if sewage disposal agency to be used).

32. ___ Water and/or Sewage Disposal Easement (only if off-site spring, well, reservoir, storage tank or individual sewage disposal system proposed).

Further Information/Studies/Reports That May Be Required by the Planning Division:

33. ___ Network Bubble Map showing the planned system of existing and future sites to be operated by the facility operator both within & outside Napa County to serve the county at the end of 5 Years (on 1" = 2 mile County base map with roads & streams).

34. ___ Visual Impact Analysis based on installation of a full-scale mockup of the planned facility and involving the submission of 4 at least 20" X 30" color photographs of the site with the facility superimposed taken from the 4 most severely impacted locations around the site (the analysis provided shall identify the potential impacts of the proposed facility at full development from public views as well as from affected private residences. The analysis shall identify measures to mitigate such impacts and establish that maximum feasible visual mitigation has been provided consistent with the technological requirements of the proposed use).

35. ___ NIER (Non-Ionizing Electromagnetic Radiation) Exposure Report G prepared by a qualified electrical engineer specifying NIER levels in inhabited area where said levels are projected to be highest (only if situated within 400 feet of a building/area regularly occupied by people or if a broadcast radio or television facility).

36. ___ Alternative Site Location Map showing the general location of the alternative sites considered (must be accompanied by a table indicating why each of these other sites was rejected or found inferior to the site under consideration).
37. ___ Alternative Site Analysis Demonstrating that from a technical standpoint the subject facility
   ___ (1) Can only be located in an RS, RM, RC, Or PD Zoning District;
   ___ (2) Cannot be located in an I, IP, Or GI Zoning District (satellite earth stations only); Or
   ___ (3) Is needed and situated on the only feasible site available.

38. __ Check For $__________ (Fees to be determined at the Pre-Application Submittal Meeting) made out to the
   County of Napa for an alternative site study or other review prepared by an independent consultant under contract
to Napa County (the alternative site analysis shall identify all reasonable, technically feasible, alternative locations
and/or facilities for providing the proposed telecommunication services. Said analysis shall address the potential
for such service to be co-located with an existing facility as well as the potential to establish a new facility for future
co-location. All existing sites within a 20-mile radius shall be identified, the telecommunications services offered at
each specified, and a statement included that clearly explains why the proposed facility can not be operated from
one of these existing sites).

39. ___ Evidence that installation of a mesh rather than solid dish is not technically feasible (only non-microwave dishes).

40. ___ Evidence that use of a self-supporting tower design is required to provide the height and/or capacity needed,
   minimize the need for screening, or minimize the potential for bird strikes (self-supporting towers higher than 35
   feet only).

41. ___ Evidence showing that an access road wider than 8 feet is needed to assure safety (only new roads and existing
   roads that are to be widened).

42. ___ Evidence showing that failure to adhere to a given standard contained in the County's Telecommunications
   Regulations will neither increase the visibility of the facility involved nor adversely affect public safety.

43. ___ Certified Arborist's Report indicating effect of project on trees (only if trees overhang or closely border the access
   road to be used or are located within 100 feet of the area to be disturbed).

44. ___ Botanical/Biologic Survey (typically only if site within the known habitat of recognized rare, threatened, or
   endangered plant or animal or in a flyway).

45. ___ Archeological Survey (typically only if area to be disturbed located within 50 feet of recognized archaeological site
   or in an archaeologically sensitive area).

46. ___ Historic Evaluation (typically only if facilities located within 500 feet of a recognized historic building or feature).

47. ___ Geologic Hazards Report (typically only if site threatened by recognized landsliding, faulting, or other geologic
   hazards).

48. ___ Other information or documents as required by Planning, Building, and Environmental Services.

Please call Planning Division Secretary at (707) 253-4417 to schedule a pre-submittal
application review ("Pre-App") meeting. Completeness of your application packet or
whether a Use Permit is required cannot be determined at the planning counter.
APPLICATION FOR TELECOM SITE PLAN APPROVAL

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>ZONING DISTRICT:</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF APPLICATION:</td>
<td>Date Published:</td>
</tr>
<tr>
<td>REQUEST:</td>
<td>Date Complete:</td>
</tr>
</tbody>
</table>

TO BE COMPLETED BY APPLICANT

(Please type or print legibly)

<table>
<thead>
<tr>
<th>PROJECT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor’s Parcel #:</td>
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<tr>
<td>Site Address/Location:</td>
</tr>
<tr>
<td>No.</td>
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<tr>
<td>Property Owner’s Name:</td>
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<tr>
<td>Mailing Address:</td>
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<tr>
<td>No.</td>
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<tr>
<td>Telephone #: (__<strong>)<em><strong><strong>-</strong></strong></em></strong>_</td>
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<tr>
<td>Applicant’s Name:</td>
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<tr>
<td>Mailing Address:</td>
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<td>No.</td>
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<tr>
<td>Telephone #: (__<strong>)<em><strong><strong>-</strong></strong></em></strong>_</td>
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Status of Applicant’s Interest in Property: ____________________________

Representative Name: ________________________________________________

| Mailing Address: | |
| No. | Street | City | State | Zip |
| Telephone #: (____)_____-________ | Fax #: (____)_____-________ | E-Mail: |

I certify that all the information contained in this application, including but not limited to the information sheet, water supply/waste disposal information sheet, site plan, floor plan, building elevations, water supply/waste disposal system site plan and toxic materials list, is complete and accurate to the best of my knowledge. I hereby authorize such investigations including access to County Assessor’s Records as are deemed necessary by the County Planning Division for preparation of reports related to this application, including the right of access to the property involved.

_______________________________________  ________________________________________________
Signature of Property Owner  Date    Signature of Applicant  Date

Print Name

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Application Fee Deposit: $______________ Receipt No.: ____________________ Received by: _____________________ Date: ________________
### I. GENERAL

<table>
<thead>
<tr>
<th>A. Type of service(s) provided:</th>
<th></th>
<th>cellular telephone</th>
<th>cellular radio</th>
<th>pcs</th>
<th>paging</th>
<th>tv</th>
<th>broadcast radio</th>
<th>other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Service(s) offered to:</td>
<td></td>
<td>general public</td>
<td>private business</td>
<td>police/fire/emergency medical aid</td>
<td>other government</td>
<td></td>
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<tr>
<td>C. Project phases:</td>
<td></td>
<td>one</td>
<td>two</td>
<td>three</td>
<td>more (please specify number)</td>
<td></td>
<td></td>
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<tr>
<td>D. Estimated completion year for each phase:</td>
<td></td>
<td>phase 1:______<em>phase 2: <em><strong><strong><strong>phase 3:</strong></strong></strong></em></em></td>
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<tr>
<td>E. Actual time to construct each phase:</td>
<td></td>
<td>[ ] less than 3 months</td>
<td>[ ] more than 3 months</td>
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<td></td>
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<td>F. Construction days:</td>
<td></td>
<td>[ ] Monday - Friday</td>
<td>other (please specify)</td>
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<td>G. Construction hours:</td>
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<td>[ ] 7:30 am - 5:30 pm</td>
<td>other (please specify)</td>
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<td>H. Additional licenses/approvals required:</td>
<td></td>
<td>District: ________ Regional: ________State: <strong><strong><strong><strong>Federal</strong></strong></strong></strong></td>
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<tr>
<td>I. Proposed facility complies with all FCC rules, regulations &amp; standards?</td>
<td>[ ] yes</td>
<td>[ ] no</td>
<td></td>
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<td>J. Open space easements or other similar use restrictions on the property?</td>
<td>[ ] yes</td>
<td>[ ] no</td>
<td></td>
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<td>K. Property contains other telecommunications facilities or Public Or Quasi-Public Uses?</td>
<td>[ ] yes</td>
<td>[ ] no</td>
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<td>L. Facilities shared with other telecommunication facilities:</td>
<td></td>
<td>[ ] parking areas</td>
<td>[ ] access roads</td>
<td>[ ] utilities</td>
<td>[ ] building(s)/enclosure(s)</td>
<td></td>
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### II. TYPICAL OPERATION

<table>
<thead>
<tr>
<th>Existing</th>
<th>Proposed</th>
</tr>
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<tbody>
<tr>
<td>A. Days of operation:</td>
<td></td>
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<tr>
<td>B. Expected hours of operation:</td>
<td></td>
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<tr>
<td>C. Anticipated average number of visits to site:</td>
<td></td>
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<tr>
<td>* during construction:</td>
<td></td>
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<td>* after fully operational:</td>
<td></td>
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<tr>
<td>D. Transmitting frequency(ies):</td>
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<tr>
<td>E. Transmitting direction(s) (e.g., SW 120°, 360°, etc):</td>
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<tr>
<td>F. Effective radiated power:</td>
<td></td>
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<tr>
<td>G. Backup generator testing:</td>
<td></td>
</tr>
<tr>
<td>* days:</td>
<td>[ ] Monday - Friday</td>
</tr>
<tr>
<td>* hours:</td>
<td>[ ] 8:30 am - 4:30 pm</td>
</tr>
</tbody>
</table>

### III. BASIC INSTALLATION

|   |   |
| A. Number of antennas proposed: |   |
| B. Type of antennas proposed (e.g., whip, panel, etc): |   |
C. Size of antennas proposed (dimensions):
   (initial configuration)
   (ultimate configuration)

D. Distance between back of wall-mounted antenna & surface of wall: ______ inches

E. Type of dish construction: [ ] mesh [ ] solid

F. Number, height & diameter of tower(s) or mast(s): _______ _______ feet

G. Height of telecommunication facility: ______ ft (ultimate configuration) ______ ft (initial configuration) (measured from natural grade below center of tower to highest point on the tower or the highest antenna, whichever is higher)

H. Capacity of tower:
   • Number of antennas it will support: ______
   • Weight of antennas & equipment it will support: ______ lbs

I. Gross cross-sectional area (silhouette): ______ ft²

J. Material: tower: _________________________ antenna: _______________________

K. Color: tower: _________________________ antenna: _______________________

L. Special painting/lighting required under FAA regulations: [ ] yes [ ] no

M. Width of fire protection zone installed: Graveled area: ______ ft Fuel modification zone: ______ ft

N. Domestic/emergency water supply available: [ ] yes [ ] no

O. Bathroom(s) to be installed at facility: [ ] yes [ ] no

IV. BUILDING(S)/ENCLOSURE(S)

A. Size: _______ ft² [ ] new construction [ ] existing facility

B. Height at highest point: _______ feet

C. Type of construction (e.g., wood-frame):__________________________________________________

D. Exterior materials: walls: _________________________ roof: _________________________

E. Exterior color: walls: _________________________ roof: _________________________

F. Type of emergency rapid entry system to be installed:_______________________________________

G. Fire rating of interior surfaces:____________________________________________________________

H. Type of interior fire extinguishing system to be installed:____________________________________

I. Method used to protect openings against penetration by fire or wind-blow embers:________________

J. Width of fire protection zone installed: graveled area: ______ ft fuel modification zone: ______ ft

V. ACCESS ROAD

A. Relocation/extension required: [ ] yes [ ] no

B. Length of new road required: _______ feet

C. Width including shoulders: existing: _____ feet proposed: ____ feet

D. Road surface: existing: ___________ proposed: __________

E. Number of turnouts: existing: ___________ proposed: __________

F. Width of pavement at turnouts: existing: ______ feet proposed: ______ feet

G. Distance between turnouts: existing: ______ feet proposed: ______ feet
VI. OTHER ANCILLARY FACILITIES

A. Type of self-contained power supply to be installed:  [ ] None  [ ] Batteries  [ ] Generator
   [ ] Other (please specify) ____________________________________________________________

B. Number of hours self-contained power supply will operate facility: ____ hours

C. Type of exterior night lighting proposed
   • Tower: _________________________________________________________________________
   • Buildings: _____________________________________________________________________
   • Other (please specify): ___________________________________________________________

D. Nature of light shields to be installed:  [ ] none  [ ] other (please specify): __________________

E. Type of signage proposed:  [ ] none  [ ] address  [ ] facility identification
   [ ] other (please specify) __________________________________________________________

F. Size of parking area planned:
   • existing:________ ft²  • proposed: ________ ft²

G. Utility line extensions required:
   • Power lines: ________ feet  • telecom lines: ________ feet
   • Other (specify): ________ feet

VII. WATER SUPPLY (IF ANY)

A. Drinking
   • Proposed source of water (e.g., spring, well, mutual water co, city, district, etc):__________
   • Name of proposed water supplier (if water co, city, district, c):__________________________
   • Annexation needed:  [ ] yes  [ ] no

B. Emergency (Fire)
   • Proposed source of water (e.g., spring, well, mutual water co, city, district, etc):__________
   • Name of proposed water supplier (if water co, city, district, c):__________________________
   • Annexation needed:  [ ] yes  [ ] no
   • Capacity of water storage system: ________ gallons
   • Nature of storage facility (e.g., tank, reservoir, swimming pool, etc):____________________

VIII. WASTE DISPOSAL

A. Sewage
   • Disposal method (e.g., septic system, ponds, community system, district, etc):______________
   • Name of disposal agent (if district, city, community system, etc used):______________________

B. Operational solid waste
   • Disposal location (e.g., on-site, landfill, garbage co, etc):______________________________

C. Grading spoils/construction debris
   • Disposal location (e.g., on-site, landfill, construction, etc):______________________________

D. Hazardous/toxic materials
   • Disposal method (on-site, landfill, garbage co, waste hauler, etc):________________________
   • Name of disposal agent (if landfill, garbage co, private hauler, etc):_______________________
IX. SETBACKS

A. Radial distance of tower/antenna from nearest
   • Property line: _______feet
   • Other telecommunication tower: _______feet
   • Other type of telecommunication facility: _______feet
   • Readily visible uncamouflaged/unscrewed telecommunication facility: _______feet
   • Dwelling: _______feet
      Occupied by property owner or his family: [ ] yes [ ] no
   • Non-residential structure regularly occupied by people: _______feet
   • Outdoor area regularly occupied by people: _______feet
   • Trail, park or other outdoor recreation area: _______feet

B. Distance of guy wire anchors from nearest property line: _______feet

X. GROUND/VEGETATION DISTURBANCE

A. Slope of area(s) to be disturbed: maximum: ____% average: ____%

B. Height of highest
   • New cut or existing cut to be modified: _______feet
   • New fill or existing fill to be modified: _______feet
   • New combination cut and fill or existing combination cut and fill to be modified: _______feet

C. Number, species, diameter and height of trees to be removed:
   _____ _____________ _______ inches  BDH _______ feet tall
   _____ _____________ _______ inches  BDH _______ feet tall
   _____ _____________ _______ inches  BDH _______ feet tall

D. Trees overhang or extend to within 10 feet of edges of access road: [ ] yes [ ] no

E. Trees present within 100 feet of any area to be disturbed: [ ] yes [ ] no

F. Ground/vegetation disturbance or storage/parking of equipment/vehicles may occur within the drip Line of any trees: [ ] yes [ ] no

G. Vegetation replanting program proposed: [ ] yes [ ] no (if yes please provide replanting plans)
INDEMNIFICATION AGREEMENT

Pursuant to Chapter 1.30 of the Napa County Code, as part of the application for a discretionary land use project approval for the project identified below, Applicant agrees to defend, indemnify, release and hold harmless Napa County, its agents, officers, attorneys, employees, departments, boards and commissions (hereafter collectively "County") from any claim, action or proceeding (hereafter collectively "proceeding") brought against County, the purpose of which is to attack, set aside, void or annul the discretionary project approval of the County, or an action relating to this project required by any such proceeding to be taken to comply with the California Environmental Quality Act by County, or both. This indemnification shall include, but not be limited to damages awarded against the County, if any, and cost of suit, attorneys' fees, and other liabilities and expenses incurred in connection with such proceeding that relate to this discretionary approval or an action related to this project taken to comply with CEQA whether incurred by the Applicant, the County, and/or the parties initiating or bringing such proceeding. Applicant further agrees to indemnify the County for all of County's costs, attorneys' fees, and damages, which the County incurs in enforcing this indemnification agreement.

Applicant further agrees, as a condition of project approval, to defend, indemnify and hold harmless the County for all costs incurred in additional investigation of or study of, or for supplementing, redrafting, revising, or amending any document (such as an EIR, negative declaration, specific plan, or general plan amendment) if made necessary by said proceeding and if the Applicant desires to pursue securing approvals which are conditioned on the approval of such documents.

In the event any such proceeding is brought, County shall promptly notify the Applicant of the proceeding, and County shall cooperate fully in the defense. If County fails to promptly notify the Applicant of the proceeding, or if County fails to cooperate fully in the defense, the Applicant shall not thereafter be responsible to defend, indemnify, or hold harmless the County. The County shall retain the right to participate in the defense of the proceeding if it bears its own attorneys' fees and costs, and defends the action in good faith. The Applicant shall not be required to pay or perform any settlement unless the settlement is approved by the Applicant.

Applicant

Property Owner (if other than Applicant)

Date

Project Identification
HAZARDOUS MATERIALS
INFORMATION SHEET

List all acutely/extremely hazardous materials that will be used or store at the site:

<table>
<thead>
<tr>
<th>C.A.S.#</th>
<th>Chemical Name</th>
<th>Physical State</th>
<th>Largest Amount</th>
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</table>

List the hazardous materials that are stored or handled at any one time, equal to or greater than any one of the following amounts: 500 pounds of solids, 55 gallons of liquids, 200 cubic feet of compressed gasses (s.t.p.). Aggregate amounts of the same hazard class are considered one type of hazardous material and must be listed individually below.

<table>
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<tr>
<th>C.A.S.#</th>
<th>Chemical Name</th>
<th>Physical State</th>
<th>Largest Amount</th>
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If you are unsure about the C.A.S.#, etc., your distributor or supplier should be able to provide you with a M.S.D.S. (Material Safety Data Sheet) which will contain that information. Your Workman’s Compensation Insurer and the local libraries may also have access to this information.

If you are a tenant, you are responsible for proper notification to the property owner.
SITE LOCATION MAP (U.S. GEOLOGICAL SURVEY)

**GEOLOGICAL SURVEY QUADRANGLE TITLE:**

**COUNTY FILE NO.**

---

Affix 7" x 5½" Portion of 7.5 Minute U.S. Geological Survey Topographic Map Here

---

**LEGEND**

<table>
<thead>
<tr>
<th>Show the following information on the topographic map:</th>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parcel Boundary</td>
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<tr>
<td>Structure</td>
<td>[]</td>
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<td>Septic System</td>
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<td>Well</td>
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<td>Spring</td>
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<tr>
<td>Reservoir</td>
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<tr>
<td>Road</td>
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<tr>
<td>Parking Lot or Outdoor Storage Area</td>
<td>=</td>
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</tr>
</tbody>
</table>

**APPLICANT NAME:** John Doe

**AP NO:** 000-000-000

**DATE:** April 8, 1996
SITE ACCESS PLAN

APPLICANT NAME: John Doe
AP NO: 000-000-000
DATE: April 8, 1996

SCALE

N

GRANDVIEW DRIVE
(Public Road Site Access Point)

REQUIRED ADDRESS SIGN

TO FOSTER ROAD
(Public Road-No Access)

CANTERBURY DRIVE
(Public Road-No Access)

EXISTING PAVED FARM ROAD
WITH UTILITY EASEMENT
(No Modification - 12' travelway; 4' shoulder)

EXISTING DIRT FARM ACCESS ROAD
WITH UTILITY EASEMENT
(To be realigned, gravelled, & widened to an 8' travelway)

PROPOSED UNDERGROUND ELECTRIC LINE

PROJECT SITE

PROPOSED NEW GRAVEL ACCESS ROAD
WITH UTILITY EASEMENT
(6' travelway)

EXISTING OVERHEAD TELEPHONE LINES

EXISTING TELEPHONE POLE

NEW 10' CUT

* = REQUIRED TURNOOUTS
FACILITY ELEVATIONS

WEST ELEVATION

SOUTH ELEVATION

NOTE: BUILDING GALVANIZED ALUMINUM WITH GRAY COMPOSITE SHINGLE ROOF
EXTERIOR AND ALL APPENDAGES TO BE PAINTED A FLAT LIGHT GREEN COLOR
SITE ELEVATION WITH SURROUNDING TREES

DISTANCE OF ANTENNA SUPPORT ARRAY ABOVE TOP OF TREE CANOPY AT POLE.

HEIGTH OF HIGHEST POINT ON INSTALLATION ABOVE THE HIGHEST POINT ON THE TREE CANOPY WITHIN A 40 FOOT RADIUS.

NOTE: EQUIPMENT BUILDING & BOTTOM OF POLE NOT VISIBLE DUE TO TREE COVER & TOPOGRAPHY.

LOOKING WEST
CONCEPTUAL
SITE VEGETATION REMOVAL / REVEGETATION PLAN

(SAMPLE IN DEVELOPMENT)

APPLICANT NAME: John Doe

AP NO: 000.000.000
DATE: April 8, 1996