



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: _____
Zone: _____		Permit No: _____
CSD: _____		
TOD: _____		
ESHA / SEA: _____		RFS No: _____
SA: N E W SD: 1 2 3 4 5 ZD: _____		GB? Y N LID? Y N DT? Y N

1. Subject Property (Sujeto Propiedad)

Assessor's Parcel Number(s) 3217-019-016	Property Size (Gross Area in Acres) 18.764 AC
Property Address or Site Location 4361 Sierra Highway, South Antelope Valley, CA 91350	
Name of Business or Establishment (If Applicable):	

2. Uses (Usos)

Current: Commercial/Telecommunications Facility Proposed: No change

Continued (Renewal) Previous Permit Number: RCUP200600324 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

T-Mobile seeks approval for the continued use and operation of a previously approved, Wireless Telecommunications Facility consisting of individual popsicle stick antennas in the City of Acton. CUP:200600324, T-Mobile Site #: SV00301A

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: John Beke, T-Mobile West LLC	Phone: 909-896-0945
Address: 4100 Guardian St. Suite 101	Fax: _____
City/State: Simi Valley, CA	ZIP: 93063
	Email: john.beke@t-mobile.com

5. Agent (Agente) If different from applicant

Name: Jillianne Newcomer/Synergy Development Services	Phone: 951-382-2523
Address: 2500 Red Hill St, Suite 240	Fax: _____
City/State: Santa Ana, CA	ZIP: 92614
	Email: JNewcomer@Synergy.cc

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

Name: Alan Laslovich	Phone: _____
Address: 3051 Clayvale St	Fax: _____
City/State: Acton, CA	ZIP: 93510
	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):

Date:

[Handwritten Signature]

05/22/2019

Print Name:

ALAN LASLOVICIA

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:

[Handwritten Signature]

5/20/19

Print Name:

Jillianne Newcomer

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:

[Handwritten Signature]

5/20/19

Print Name:

Jillianne Newcomer

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 or 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:

[Handwritten Signature]

5/28/19

Print Name:

Jillianne Newcomer

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 box for LDCC comments]



Los Angeles County
Department of Regional Planning

Planning for the Challenges Ahead



OWNERSHIP AND CONSENT AFFIDAVIT
(For Public Hearing Applications)

This is to certify under penalty of perjury that the undersigned is/are the record owner(s) of the property known as:

3217-019-016 and
Assessor's Map Book, Page and Parcel

Lot: 185 Tract No: 10377 Abbreviated Description: LOT:185 TR#:10377 TRACT # 10377 LOT 185 and
Legal Description

4361 Sierra Highway, Acton, CA 91350 and
Street Address (if applicable)

that I/we consent to the filing of the public hearing application(s) on our property for processing by the Los Angeles County Department of Regional Planning. I/We declare under penalty of perjury that I/we have reviewed this Affidavit and the information furnished is true and correct.

Executed this 22 day of MAY 2019 at ACTON CA.
California, under penalty of perjury of the laws of the State of California.

(To be signed by all record owners)

Signature: [Handwritten Signature] Print Name: ALAN LASLOVICI

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

(For additional names, please use a separate sheet of paper)

(NOTARY TO BE ATTACHED)