

CITY OF BAINBRIDGE ISLAND

**ELIGIBLE FACILITY MODIFICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.  
 PENCIL WILL NOT BE ACCEPTED.



<p><b>DATE STAMP FOR CITY USE ONLY</b></p>	<p style="text-align: center;"><b><u>TO BE FILLED OUT BY APPLICANT</u></b></p> <p><b>PROJECT NAME:</b> _____</p> <p><b>TAX ASSESSOR'S NUMBER:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>PROJECT STREET ADDRESS OR ACCESS STREET:</b> _____</p> <p><b>ENVIRONMENTAL CHECKLIST SUBMITTED :</b>   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <hr/> <p style="text-align: center;"><b><u>FOR CITY USE ONLY</u></b></p> <p><b>FILE NUMBER:</b> _____</p> <p><b>PROJECT NUMBER:</b> _____</p> <p><b>DATE RECEIVED:</b> _____</p> <p><b>APPLICATION FEE:</b> _____</p> <p><b>TREASURER'S RECEIPT NUMBER:</b> _____</p>
<p><b>SUBMITTAL REQUIREMENTS</b></p>	
<b>APPLICATION</b>	<p><i>One original (which must contain an original signature) and six copies</i> must be provided. Whenever possible originals must be <i>signed in blue</i>. Please identify the original document.</p>
<b>SUPPORTING DOCUMENTS</b>	<p><i>One original (which must contain an original signature)</i>, where applicable and <i>six copies</i> (if an original is not applicable, <i>seven copies</i> must be provided).</p>
<b>FULL-SIZE DRAWINGS</b>	<p><i>Seven copies</i> of the required drawings must be provided. Drawings <i>must be folded and 18" x 24"</i> in size. <i>No construction drawings or other sized drawings</i> will be accepted unless specifically requested.</p>
<b>REDUCED DRAWINGS</b>	<p><i>Two copies (five if commercial)</i> of the drawings reduced to 11" x 17" must be provided.</p>
<b>SUBMITTING APPLICATIONS</b>	<p>Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Applicant Agreement</i> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the application. <i>All application documents should also be submitted in electronic format.</i></p>
<b>FEES</b>	<p>Please call the Department of Planning &amp; Community Development for submittal fee information. Review by the Kitsap County Health Department may require additional fees and processing time.</p>
<p><b>APPLICATIONS WILL NOT BE ACCEPTED</b>  <b>unless these basic requirements are met and the submittal packet is deemed counter complete.</b></p>	

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
 PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)

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A. GENERAL INFORMATION

1. Name of property

owner:
Address:
Phone: Fax:
E-mail:

Name of property

owner:
Address:
Phone: Fax:
E-mail:

Name of property

owner:
Address:
Phone: Fax:
E-mail:

If the owner(s) of record as shown by the county assessor's office is (are) not the agent, the owner's (owners') signed and notarized authorization(s) must accompany this application.

2. Applicant/agent:

Address:
Phone: Fax:
E-mail:

3. Planning Department
personnel familiar with
site:

4. Description of proposal:

Blank lines for description of proposal

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5. Driving directions to site:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please give the following existing parcel information:

Assessor's Parcel Number	Parcel Owner	*Lot Area
Use additional sheet if necessary	Total of all parcels:	

\* As defined in Bainbridge Island Municipal Code 18.12.050

7. Legal description (or attach):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is there any other information which is pertinent to this project?

Y N

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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**Description of Existing Tower or Base Station (Eligible Support Structure)**

- |   |          |          |
|---|----------|----------|
| Is this a co-location of new transmission equipment?      | <b>Y</b> | <b>N</b> |
| Is this a removal of existing transmission equipment?     | <b>Y</b> | <b>N</b> |
| Is this a replacement of existing transmission equipment? | <b>Y</b> | <b>N</b> |

**Are you proposing a modification requiring alteration to the eligible support structure, excavation, installation of new equipment cabinets or any other activities impacting or altering the land, existing structures, fencing or landscaping on the site?**      **Y**      **N**

If yes, please include a detailed site plan and drawings showing the true north point, graphic scale, drawn to an appropriate decimal scale indicating and depicting:

- a. Location, elevation and dimensions of existing eligible support structure(s);
- b. Location, elevation and dimensions of existing transmission equipment;
- c. Location, elevation and dimensions of transmission equipment (if any) proposed to be collocated or that will replace existing transmission equipment;
- d. Location, elevation and dimensions of any proposed new equipment cabinets and intended use of each;
- e. Any proposed modification to the eligible support structure;
- f. The location of existing structures on the site, including fencing, screening, trees, and other significant site features; and
- g. The location of any areas where excavation is proposed showing the elevations, depths, and width of the proposed excavation and materials and dimensions of the equipment to be placed in the area excavated.

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*January 2016*

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**Describe the facility that is the subject of this application:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the height of the existing structure?** \_\_\_\_\_

If tower is sited outside of the public right-of-way verify that the modification does not increase the height of the tower by more than 10% or by the height of one additional antenna array with separation from the nearest existing antenna not to exceed 20 feet whichever is greater.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you proposing a modification that will result in an increase in height of the eligible support structure?**

**Y      N**

If yes, record drawings, as-built plans or equivalent showing the height of the eligible support structure as (a) originally constructed and granted approval by the City or other applicable local zoning or similar regulatory authority; or (b) of the most recent modification received by the City or other local zoning or regulatory approval prior to the passage of the Spectrum Act, whichever height is greater must be included.

Copies attached:      **Y      N**

**Is the structure that is the subject of this application located in the public right-of-way?**      **Y      N**

If the towers are in the public right-of-way, verify that the proposed modification does not increase the height of any/all tower(s) or base station(s) by more than 10% or 10 feet, whichever is greater.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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the current facilities or structure was approved with any requirements to conceal facilities from view or any other conditions of approval, please provide that information:

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**Are you proposing a modification to an eligible support structure that will:**

- (a) include any excavation;
- (b) result in a protrusion from the edge of a tower that exceeds an existing protrusion of any transmission equipment attached to a tower; or
- (c) protrude from the edge of a non-tower eligible support structure?

Y N

**Are you proposing modification to a base station? Y N**

If yes, a stamped report by a Washington State registered professional engineer demonstrating that the base station, with the proposed modifications, will comply with applicable structural, electrical and safety codes is necessary.

**Are you proposing a modification that will protrude from the edge of a non-tower eligible support structure?**

Y N

If yes, please provide record drawings, as-built plans, or the equivalent, showing at a minimum the edge of the eligible support structure at the location of the proposed modification.

**Are you proposing a modification to the eligible support structure that includes hardening through structural enhancement? Y N**

If yes, a technical report by a qualified engineer accredited by the State of Washington demonstrating that the structural enhancement is performed in connection with and necessary to support the proposed co-location, removal or replacement of transmission equipment and conforms to applicable code requirements. The City may retain the services of an independent technical expert to review, evaluate and provide an opinion regarding the applicant's demonstration of necessity.

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Are you proposing a modification to a tower? Y N

If yes, a stamped report by a Washington State registered professional engineer demonstrating that the tower with the proposed modifications will comply with applicable structural, electrical and safety codes including by way of example and not limitation EIA/TIA-222-Revision G, published by the American National Standards Institute (as amended), allowable wind speed for the applicable zone in which the tower is located and describing the general structural capacity of the tower with the proposed modifications including:

- a. The number and type of antennas that can be accommodated;
b. The basis for the calculation of capacity; and
c. A written statement that the proposal complies with all federal guidelines regarding interference and ANSI standards as adopted by the FCC, including but not limited to nonionizing electromagnetic radiation (NIER) standards.

Please note: The City may retain the services of an independent technical expert to review, evaluate and provide an opinion regarding the applicant's demonstration of compliance.

Will the project result in clearing more than six significant trees or 2,500 square feet of ground?

[ ] Yes [ ] No [ ] Unknown

Do storm water systems exist on the site?

[ ] Yes [ ] No [ ] Unknown

If yes, were they constructed after 1982?

[ ] Yes [ ] No [ ] Unknown

If yes, what type of storm water system exists on the site?

[ ] Infiltration [ ] Open Ditching [ ] Closed Conveyance [ ] Detention

Will the completed project result in excavation of or filling in:

- [ ] Less than 50 cubic yards.
[ ] More than 50 cubic yards, less than 100 cubic yards.
[ ] More than 100 cubic yards.

I hereby certify that I have read this application and know the same to be true and correct.

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\*Signature of owner or authorized agent

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Date

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Please Print

*\*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.*

