



# City of Ellisville

One Weis Avenue  
Ellisville, Missouri 63011  
(636) 227-9660 FAX: (636) 227-9486

## TELECOMMUNICATION FACILITY MODIFICATION FORM

*(please type or print)*

**ALL SECTIONS OF FORM MUST BE COMPLETE.  
FORM MUST BE CONSISTENT WITH SUBMITTED MATERIALS.**

Applicant: \_\_\_\_\_ Date Form Submitted: \_\_\_\_\_

### PART A: PARTIES OF INTEREST

**Antenna/Equip. Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Tower Owner - if different from above:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Building Owner - if different from above:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Property Owner - if different from above:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### PART B: MODIFICATION TYPE

Collocation or modification that is not a substantial change (“Eligible Facilities Request”)- Please complete SECTION C of form

Collocation or modification that is a substantial change- Please submit a Conditional Use Permit Application

New Facility- Please submit a Conditional Use Permit Application

### PART C: MODIFICATION DESCRIPTION

The FCC has determined that a modification substantially changes the physical dimension of a wireless tower or base station if it meets ANY of the following criteria:

#### Towers outside public rights of way (on private property)

Does the modification increase height by more than 20 feet or 10 percent, whichever is greater? \_\_\_\_\_ By How much: \_\_\_\_\_

Does the modification protrude from edge of tower more than 20 feet or more than the width of the tower structure at the level of the appurtenance, whichever is greater? \_\_\_\_\_ Which Part: \_\_\_\_\_ By How Much: \_\_\_\_\_

#### Towers in public rights of way and for all base stations:

Does the modification increase height of tower or base station by more than 10 percent or 10 feet, whichever is greater? \_\_\_\_\_ By How Much: \_\_\_\_\_

Does the modification protrudes from the edge of the structure more than 6 feet? \_\_\_\_\_ Which Part: \_\_\_\_\_  
By How much: \_\_\_\_\_

All modifications respond to following:

Does the modification involve installation of more than the standard number of new equipment cabinets for the technology involved, but not to exceed four cabinets? \_\_\_\_\_ Describe new equipment: \_\_\_\_\_ How many: \_\_\_\_\_

Does the modification entail any excavation or deployment outside the current site of the tower or base station? \_\_\_\_\_

Describe where and how much (area): \_\_\_\_\_

Does the modification defeat existing concealment elements of the tower or base station? \_\_\_\_\_ Describe: \_\_\_\_\_

Does the modification comply with conditions associated with the prior approval of the tower or base station (unless non-compliance is due to an increase in height, increase in width, addition of cabinets, or new excavation that does not exceed the corresponding "substantial change")? \_\_\_\_\_ Describe non-compliance: \_\_\_\_\_

Existing Tower Height: \_\_\_\_\_ Tower Height (after modification): \_\_\_\_\_

Existing Tower Width: \_\_\_\_\_ Tower Width (after modification): \_\_\_\_\_

Existing # of Antennas: \_\_\_\_\_ Antenna Type: \_\_\_\_\_ Antenna Size: \_\_\_\_\_ Antenna Height on tower: \_\_\_\_\_

After Modification: # of Antennas: \_\_\_\_\_ Antenna Type: \_\_\_\_\_ Antenna Size: \_\_\_\_\_ Antenna Height on tower: \_\_\_\_\_

Existing # of cabinets: \_\_\_\_\_ cabinet size (W x L): \_\_\_\_\_ Cabinet height: \_\_\_\_\_ Cabinet exterior: \_\_\_\_\_

After Modification: # of cabinets: \_\_\_\_\_ cabinet size (W x L): \_\_\_\_\_ Cabinet height: \_\_\_\_\_ Cabinet exterior: \_\_\_\_\_

**PART D: SIGNATUARES**

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Tower/Antenna Owner:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Property Owner:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**\* City approval is limited to zoning compliance only.**

**\* It is your responsibility to determine and obtain separate electrical and mechanical permits through St. Louis County.**