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: SIGNATURES

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.