



**TAHOE
REGIONAL
PLANNING
AGENCY**

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HOURS
Mon. Wed. Thurs. Fri.
9 am-12 pm/1 pm-4 pm
Closed Tuesday
New Applications Until 3:00 pm

QUALIFIED EXEMPT ACTIVITY DECLARATION FORM

Cellco Partnership, A Delaware General Partnership, dba Verizon Wireless, c/o

Applicant Jerome Wade, Complete Wireless Consulting Inc.

Mailing Address 2009 V st. City Sacramento State Ca
Zip Code 95818 Email jwade@completewireless.net Phone 916-588-0810 FAX 916-313-3730

Representative or Agent Jerome Wade, Complete Wireless Consulting

Mailing Address 2009 V st. City Sacramento State Ca
Zip Code 95818 Email jwade@completewireless.net Phone 916-588-0810 FAX 916-313-3730

Owner El Dorado County ☐ Same as Applicant

Mailing Address 2850 Fairlane Ct. City Placerville State Ca
Zip Code _____ Email _____ Phone 530-621-5993 FAX _____

Project Location/Assessor's Parcel Number (APN) 025-010-211

Street Address 1352 & 1360 Johnson blvd. Subdivision _____ Lot # _____
County El Dorado Previous APN _____
(if changed by county assessor since 1987)

Detailed Description of Activity (Attach additional sheets if necessary):

Remove and replace three (3) panel antennas with three (3) new
panel antennas.

Property Restrictions/Easements (List any deed restrictions, easements or other restrictions): ☐ None
(initial here): I hereby declare under penalty of perjury that all property restrictions and
easements have been fully disclosed.

Prior Approvals (List any prior CTRPA/TRPA approvals/permits for the subject property): ☐ None

2005 1106

Description: Linear Public Service Approval Date: ERSP 2007-0633 Expiration Date: _____

Description: ERSP 2010-0700 Approval Date: 5/18/10 Expiration Date: _____

LOCAL JURISIDICION REQUIREMENTS: Please be advised that your activity may require approval from local agencies (i.e., Building Department) – *make sure to obtain appropriate local approvals prior to beginning work.*

DECLARATION:

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate to the best of my knowledge. I am the owner of the subject property, or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that TRPA accepts no responsibility for informing these parties or obtaining their authorization. I understand that should any information or representation submitted in connection with this application be inaccurate, erroneous, or incomplete, TRPA may rescind any approval or take other appropriate action. I hereby authorize TRPA to access the property for the purpose of site visits. I understand that additional information may be required by TRPA to review this project.

Signature: (Original signature required.)

Jerome Wado At Sacramento Date: 11/21/13
Owner or Person Preparing Application County

AUTHORIZATION FOR REPRESENTATION (Original signatures required):

The following person(s) own the subject property (Assessor's Parcel Number(s) _____) or have sufficient interest therein to make application to TRPA:

Print Owner(s) Name(s):

El Dorado County

I/We authorize Complete Wireless Consulting/Jerome Wado to act as my/our representative in connection with this application to TRPA for the subject property and agree to be bound by said representative. I understand that additional information may be required by TRPA beyond that submitted by my representative, to review this project. Any cancellation of this authorization shall not be effective until receipt of written notification of same by TRPA. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further accept that if this project is approved, I, as the permittee, will be held responsible for any and all permit conditions.

Owner(s) Signature(s):

Norma Santiago Date: 9/16/14 Bl. date: 7/15/14
Norma Santiago, Chair, Board of Supervisors
Date: _____

FOR OFFICE USE ONLY

File Number: _____ County: _____

Date Received: _____ Received By: _____

Filing Fee: \$ _____ Receipt No. _____

Excess Cov. Mitigation Fee: _____ Excess Cov. Mitigated: _____

ATTEST: James S. Mitrison
Clerk of the Board of Supervisors

By Marcie MacFarland 7/22/13
Marcie MacFarland, Deputy Clerk