

CITY OF NEEDLES, CALIFORNIA
Application For Use Permit

Name of Applicant: APC Towers Phone: 714-366-8047 (Applicant must be the owner of the land, the lessee having a lease-hold interest of not less than 5 years, or the agent of any of the foregoing duly authorized in writing)

WE, (I/We) the undersigned, APC TOWERS (Owner/Lessee/Agent) of the property listed below, hereby request that the following stated use be permitted to be constructed and/or operated.

1. Project name and address: APC TOWERS
APN: 0660-162-07-0000

2. Legal Description of Parcel (attach if necessary): _____

District: 10 City, Municipality, Township: SAN BERNARDINO Sec/Twn/Rng/Mer: SEC 13 TWP 9N RNG 22E Brief Description: THAT PTN OF S 1/2 SW 1/4 SW 1/4 SE 1/4 SEC 13 TP 9N R 22E BEING MORE PARTICULARLY DESC AS FOL BEG AT S 1/4 COR OF SD SEC 13

3. Briefly Describe: a. Purpose and Intent of proposed project (include acres, square feet, units, etc.).

APC Towers modification to existing entitlement to request a 25' extension to approved 160' monopole.

A Special Use Permit (Resolution No. 01-03-2024-PC) for a 160-foot wireless communications facility (monopole) was approved by the Planning Commission of the

City of Needles on January 3, 2024. APC Towers has submitted a Conditional Use Permit application to request an amendment to the approved project to support an

increase in height of the monopole by 25'.

b. Population projection (project residents): NA

c. Number of persons employed during operation: full time None part time None

d. Will the Project require new utility services? x yes no

i. Water Service NA no. If so, estimated peak water demand in gallons/minutes: _____, service requirement.

ii. Sewer Service NA no. Any chemical wastes expelled in sewers? _____
If yes, explain: _____

iii. Electric Service: main size _____; single phase x; three phase _____.
Attachment to existing electric facilities: load calculations _____.

e. Estimated daily vehicular traffic generated by the operation: NA Comment: _____

f. List major machines – give horsepower and noise rating in decibels: NA

g. Will the project require a permit from the Air Pollution Control District, and if so, describe: _____
No

h. What will be the hours of operation: 24/7, unmanned wireless facility

i. Describe materials or machinery that will be stored or parked outside: None

4. Attached (X) Site Plan (X) Elevations(X); Filing Fee (X); Legal(X); (site plans folded 8 1/2" x 11" reduction)

AUTHORIZATION

Names and signatures of all persons having an interest in this property described as 0660-162-07-0000 (the "Property") whose consent is required (by virtue of such interest) to authorize the filing of this application.

NAME (print or type), Signature & Address

CAPACITY (Check appropriate)

OWNER*

LESSEE

AGENT

OTHER (Describe)

Douglas C. Jones

X

Signature

Address 899 Tamarisk Rd

Palm Springs, CA 92262

Signature

Address

OWNER: As Owner of the Property, I Douglas C. Jones hereby declare and certify under penalty of perjury under the laws of the State of California that the above-named person(s) is/are duly authorized to act on my behalf with the City of Needles and NPUA and represent my interests in the Property before the Planning Commission and the City Council/NPUA, including but not limited to in connection with the application filed herewith.

[Signature]

Signature of Property owner

Douglas C. Jones

Owner name printed

NOTARY

OWNER SIGNATURE NOTARIZATION:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF Riverside) SS:

On January 7, 2025, before me, Linda Avila Lira, a Notary Public, personally appeared Douglas C. Jones, **Owner**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.

(seal)



[Signature]
Signature/Notary

AUTHORIZATION

Names and signatures of all persons having an interest in this property described as 0660-162-07-0000 (the "Property") whose consent is required (by virtue of such interest) to authorize the filing of this application.

NAME (print or type), Signature & Address

CAPACITY (Check appropriate)

OWNER*

LESSEE

AGENT

OTHER (Describe)

Terrence B. Jones

x

Signature

Address

899 Tamarisk Rd
Palm Springs, CA 92262

Signature

Address

OWNER: As Owner of the Property, I Terrence B. Jones hereby declare and certify under penalty of perjury under the laws of the State of California that the above-named person(s) is/are duly authorized to act on my behalf with the City of Needles and NPUA and represent my interests in the Property before the Planning Commission and the City Council/NPUA, including but not limited to in connection with the application filed herewith.

Terrence B. Jones

Signature of Property owner

Terrence B. Jones

Owner name printed

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(seal)



Signature, Notary