

## Small Cell Technology Facility Permit Application



	Date Subm	itted:				
Provider Name:						
Provider Address:		City, State:			Zip Code:	
Contact Person:			Phone:			
Billing Name:						
Billing Address:		City, State:			Zip Code:	
Contact Person:			Phone:			
Small Cell Technolog	gy Facility is located:	vate Property	☐ On	City Right-Of-W	ay	
Small Cell Technolog	gy will be placed on a: New S	Support Structu	re* Exis	ting Support St	ructure	
	facilities that are located on new suppell technology facility permit.	oort structures a	re required to	obtain a conditi	ional use permit p	orior to the
Location of Small Ce	ell Technology Facility:					
Address:		City, State:			Zip Code:	
Pursuant to the Sma Required):	ıll Cell Technology Facility Ordinance	at a minimum, t	he following it	ems must be att	tached to this app	olication (If
☐ Attached	(1) Drawings stamped by an engine facilities, support structure, and meantached to a support structure.					
☐ Attached	(2) Map(s) designating with specificity the location(s) of the requested facilities and all other existing or proposed locations within 1,000 feet.					
☐ Attached	(3) The geographic coordinates of all antenna and other proposed facilities within 1,000 feet.					
☐ Attached	(4) If the facilities will be located on a support structure on the right-of-way that is owned by any entity other than the City or the applicant, a copy of any license, lease, agreement, letter or other documentation evidencing that the owner of that support structure authorizes the facilities to be attached thereto or agrees in principle to authorize that attachment has been authorized in principle by the owner of the Support Structure but the Applicant subsequently fails to furnish the City documentation that finalizes any such agreement, the City may refuse to issue the requested permit until that documentation is provided, or, if the City issues the requested permit before receiving such final documentation, the subject permit may be revoked and any license to use that part of the Right of Way be rescinded					
☐ Attached	(5) If the applicant requests permission to place facilities on a new support structure, other requirements contained in this ordinance shall be met					
☐ Attached	(6) Photo-simulation post-construction renderings depicting the proposed facilities and equipment, including an/all equipment cabinets, ancillary structures, coloration, and landscaping.					
☐ Attached	(7) Copies of all required insurance forms (per section 3.C of the Small Cell Technology Facility Ordinance.)					
☐ Attached	(8) Franchise agreement (if required	)				
		FOR OFFICE	USE ONLY			
Reviewed By:			Permit	Fee Amount:		
Date Approved	:		Permit	Number:		