**Application for Communication Antenna Facilities Permit (CAP)**

**Application for Communication Antenna Facilities Permit & License (CAP+License)**

*4/6/18 version ~ Subject to change*

Applications for Communication Antenna Facilities ("Facilities”) in the public Right-of-Way.

**Please Note:** Submittal of false information will result rejection of the Application and/or rescission of associated CAP / CAP+License.

Please read the following information before proceeding.

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| * Field Marks with \* are required
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| * An Application submitted by anyone other than the Facilities owner must be accompanied by a certification verifying applicant is an authorized representative of the Facilities owner.
 |
| * The specified number of sheets must be accurate or the Application may not be accepted.
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**(A) Application**

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| \* Request location for (Please check all the boxes that apply for the location): |
| 🗆 Attachment to Utility Pole |
| 🗆 Attachment to City-owned Infrastructure |
| 🗆 Upgrade of Existing Facilities |
| 🗊 Number of Sheets |

**(B) Applicant Information**

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| --- |
| \* Applicant Type 🗆 Facility / Company personnel 🗆 Consultant / Authorized Representative |
| \*Applicant Name |
| \*Mailing Address |
| City State Zip |
| \* Phone Number \*Email Address |
|  Engineer of Record (If applicable)  |
| \*Phone Number \*Email Address |
| Fax Number \*Emergency Contact Number |

**(C) Facilities Owner Information**

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| --- |
| \* Type: 🗆 Individual 🗆 Corporation 🗆 Applicant is Owner  |
| \*Entity Name |
| Mailing Address |
| City State Zip |
| \*Phone Number \*Email Address |
| Fax Number \* Emergency Contact Number |

**(D) Requested Location**

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| --- |
| \*GIS Coordinates \*City Pole ID # |
| \*Street Number (provide closest number) |
| Address | Zip Code |
| \*Is requested location within 300 feet of a Historic building? 🗆 Yes 🗆 No |
| \*Is requested location within 300 feet of another pole? 🗆 Yes 🗆 No |
| \*Is requested location within 300 feet of a school? 🗆 Yes 🗆 No |
| \*Is requested location within 300 feet of a hospital / medical facility? 🗆 Yes 🗆 No |
| \*Is requested location within 300 feet of an Existing Facility? 🗆 Yes 🗆 No |
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**(E) Pole Description**

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| \* Pole type \*Name of pole owner |
| \*Pole dimension (feet) Height Circumference  |

**(F) Existing Facilities Attached to the Pole**

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| --- |
| \* Facility Type 🗆 Carrier 🗆 Neutral-Host Provider (if selected, complete Section H) |
| \*Number of Facilities attached to the Pole:  |
| Dimensions of Proposed Facilities (Antenna) Height Width Depth  |
| Dimensions of Proposed Facilities (Enclosure Box 1) Height Width Depth  |
| Dimensions of Proposed Facilities (Enclosure Box 2) Height Width Depth  |
| Backhaul Type and Provider |
| FCC License # (if any) |

**(G) Power & Communication Connection(s)**

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| --- |
| Power connection 🗆 Underground 🗆 Aerial |
| Power connection type |
| Communication connection 🗆 Underground 🗆 Aerial |
| Communication connection type(s) |
| Proposing New Junction box(s)? 🗆 Yes 🗆 No |
| Number of Junction box(s) |
| Dimensions of Junction box # 1 Height Width Depth  |
| Dimensions of Junction box # 2 Height Width Depth  |

**Permission**

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| --- |
| Permission for use of Utility Poles  |
| * If applicant is installing, modifying, or removing Facilities from a Utility Pole, applicant certifies that s/he has permission from the Utility Pole owner. A copy of the agreement or permission from the Utility Pole owner has been provided and will be attached to this Application.
 |
| License Agreement for use of City-owned Infrastructure |
| * Applicant certifies that s/he has permission from the City to attach to City-owned Infrastructure under the Communication Antenna Facilities Master License Agreement (“Agreement”) for the purposes specified therein.
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