



# APPLICATION FOR WIRELESS FACILITIES REQUEST

See Wireless Facility Application Checklist for all required submittal  
Submit application via eTRAKIT

## APPLICANT INFORMATION

Name:

Company:

## PROPERTY or EQUIPMENT OWNER INFORMATION

Owner Name:

Owner Address:

City:

State:

ZIP Code:

Telephone:

Email Address:

## DESCRIPTION OF REQUEST

Is this request for a collocation of new equipment on private property?	Yes	No
Is this request for removal of existing equipment?	Yes	No
Is this request for replacement of existing equipment on private property?	Yes	No
Is this request located in a public right-of-way (ROW)? <i>(If in ROW, provide copy of master license agreement for use of public ROW)</i>	Yes	No
Is the request located on existing utility or traffic equipment in the ROW?	Yes	No
Is the request for a new pole or equipment in the ROW?	Yes	No
Does this application involve any excavation or location of equipment outside the boundaries of the Site?	Yes	No

## NARRATIVE WORKSHEET (Complete all sections)

### DESCRIPTION OF EXISTING OR PROPOSED TOWER/ BASE STATION/ UTILITY EQUIPMENT

Describe the wireless facilities request:

[Empty text area for describing wireless facilities request]

Describe the current site including the existing base station. Refer to §10-16 for definitions.

[Empty text area for describing current site]

Describe how this request meets any previous requirements for concealment/camouflage (attach photo simulations depicting compliance):

[Empty text area for describing concealment/camouflage requirements]

**FOR PRIVATE PROPERTY: Property/Site and Land Use Information**

<b>Site address and/or parcel identification number:</b>			
<b>Property Size (square feet):</b>		<b>Zone District:</b>	
<b>Case number of approved Site Development Plan (SDP) for current facility or structure:</b>			
<b>Date of SDP approval for current facility or structure:</b>			
<b>List approved height of current facility or structure:</b>			
<b>List any conditions of approval for concealment or camouflage and/or other conditions:</b>			
<b>Height of existing structure:</b>		<b>Height of structure after collocation/removal/replacement:</b>	
<b>Current equipment cabinets (label and dimension on site plan):</b>			
Height	Width	Depth	Setbacks from property lines
<b>New/replacement equipment cabinets (label and dimension on site plan and elevation sheets):</b>			
Height	Width	Depth	Setbacks from property lines
Equipment Type	Model Number	Depth	Noise Decibels
<b>Additional Manufacturer Specifications (i.e. dimensions, weight, wind load)</b>			

**For Facility in the Public Right Of Way (PROW)**

DESCRIPTION OF STRUCTURE AND DESCRIPTION OF PROW FACILITIES REQUEST			
Describe how the current site complies and does not cause unreasonable interference §10-16-4: Design Standards.			
<b>Contractor Name:</b>			
Contractor Address:			
City:	State:	ZIP Code:	
Telephone:			
Email Address:			
<b>Insurance Requirement: Attach Insurance Agreement/ Policy/ and Certificates</b>			
<b>Contractor insured under Company's Insurance per MLA?</b>			Yes
<b>Contractor insured under Company's Insurance per MLA?</b>			No
<b>Policy Type</b>	<b>Expiration Date</b>	<b>Policy Type</b>	<b>Expiration Date</b>
Commercial General Liability Insurance		Excess Or Umbrella Liability Insurance	
Workers' Compensation Insurance		Employers' Liability Insurance	
<b>Is this request for a collocation of new equipment?</b>			Yes
<b>Is this request for a collocation of new equipment?</b>			No
<b>Is this request for removal of existing equipment?</b>			Yes
<b>Is this request for removal of existing equipment?</b>			No
<b>Is this request for replacement of existing equipment?</b>			Yes
<b>Is this request for replacement of existing equipment?</b>			No
<b>Additional Fiber Proposed?</b>			Yes
<b>Additional Fiber Proposed?</b>			No
<b>Does this application involve any excavation or location of equipment outside the boundaries of the Site?</b>			Yes
<b>Does this application involve any excavation or location of equipment outside the boundaries of the Site?</b>			No
<b>Height of existing structure:</b>		<b>Height of structure after collocation/removal/replacement:</b>	
<b>Current equipment cabinets (label and dimension on site plan):</b>			
Height	Width	Depth	Setbacks from property lines
<b>New/replacement equipment cabinets (label and dimension on site plan and elevation sheets):</b>			
Height	Width	Depth	Setbacks from property lines
Equipment Type	Model Number	Depth	Noise Decibels
<b>Additional Manufacturer Specifications (i.e. dimensions, weight, wind load)</b>			