



RIGHT OF WAY CONSTRUCTION PERMIT NETWORK NODES & RELATED (LGC 283/284)

NETWORK PROVIDER INFORMATION:

Company Name: _____
 Mailing Address: _____
 Mailing Address (2): _____
 City: _____ State: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____
 Website URL: _____
 Email: _____

NETWORK PROVIDER COMPANY OFFICER & CONTACT INFORMATION:

Name of Company President/Owner: _____
 Phone Number: (____) _____ Email: _____
 Contact Name: _____
 Phone Number: (____) _____ Email: _____

EMERGENCY CONTACT INFORMATION (24 HRS A DAY / 7 DAY A WEEK)

Contact Name: _____
 Phone Number: (____) _____ Email: _____

INSTALLATION COMPANY INFORMATION:

Company Name: _____
 Mailing Address: _____
 Mailing Address (2): _____
 City: _____ State: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____
 Website URL: _____
 Email: _____

INSTALLATION COMPANY OFFICER & CONTACT INFORMATION:

Name of Company President/Owner: _____
 Phone Number: (____) _____ Email: _____
 Contact Name: _____
 Phone Number: (____) _____ Email: _____

EMERGENCY CONTACT INFORMATION (24 HRS A DAY / 7 DAY A WEEK)

Contact Name: _____
 Phone Number: (____) _____ Email: _____
 2nd Contact Name: _____
 2nd Phone Number: (____) _____ 2nd Email: _____



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CONSTRUCTION INFORMATION:

Project Address: _____

1. Will the construction include the installation of a new Node Support Pole in the ROW? _____

If Yes Complete This Section

Latitude: _____ Longitude: _____

Pole Elevation above existing Grade: _____

Location of nearest support pole capable of supporting Network Node

Latitude: _____ Longitude: _____

Distance from proposed pole (feet): _____

2. Will the Construction include the installation of a cabinet above ground in the ROW? _____

3. Will the Construction include the installation of Transport Facilities in the ROW? _____

4. Will the Construction include the installation of Network Nodes in the ROW? _____

5. Have you included the following required for all applications? _____

Courtesy Checklist Reminder:

Aerial map showing location of installation(s): _____

*Scaled Dimensional Drawings or pictures showing proposed and existing equipment.:
(Include sidewalks, driveways, fences, trees and other landscaping)* _____

*Scaled Dimensional Drawings showing existing ROW Lines and proposed installations.
(include underground utilities, water, sewer, storm sewer, and other existing utilities)* _____

*Analyses of proposed network node(s) indication that the node's operation will not
cause interference with the City's communication system (Permit Required):* _____

Traffic Study by Licensed Traffic Engineer _____

NOTE 1: *The provider shall be familiar with the City Code s and all provisions related to Ordinance No. 2042, Chapter 70, as well as, requirements for Tree Protection, Quiet Hours and public notices.*

NOTE 2: *The provider shall provide all documentation as required by the City Code for permitting in the ROW including such items required in Section 70 Street Areas and Public Places whether referenced in this application or not.*

NOTE 3: *The provider shall submit fees with the application. Fees shall be as determined by City Code Section 70-260. Fees due include first annual ROW's Fees.*

NOTE 4: *The Provider shall submit an additional Page 2 of this application for each additional node included in the permit.*



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PROVIDER CERTIFICATION OF APPLICATION:

The Network Provider hereby certifies that all statements and documents supplied with this application are a true and correct representation of the proposed work and acknowledges that such documentation shall control the work in the ROW by the Network Provider's contractor. Additionally the Network Provider is familiar with the City Code pertaining to this permit and the provisions of the VTCA Local Government Code Chapters 283 and 284 and other laws and regulations pertaining to the work described.

The Network Provider's Signature certifies that he/she is duly authorized to bind the Network Provider in this capacity.

Signature	Date
Printed Name	Title

PERMIT FEES	Fee	Qty	Extended Fee
Number of Nodes:	\$ <u>500.00</u> + (\$ <u>250.00</u> Each additional Node	X <u> </u>) = No. of Nodes	\$ <u> </u>
Number of Transport Facilities:	\$ <u>500.00</u> + (\$ <u>250.00</u> Each additional Node	X <u> </u>) = No. of Nodes	\$ <u> </u>
Number of New Poles:	\$ <u>1000.00</u> Each Pole	X <u> </u> = No. of Poles	\$ <u> </u>
<u>ROW FEES</u> (Annual Prorated by month)			
Number of Nodes:	\$ <u>2.333</u> mo. X <u> </u>	X <u> </u> = No. of Nodes No. of months remaining in year	\$ <u> </u>
Number of Transport Facilities:	\$ <u>20.833</u> mo. X <u> </u>	X <u> </u> = No. of Nodes No. of months remaining in year	\$ <u> </u>
Total Fee Required:			\$ <u> </u>

For Official use only

Date Received by the City of West University Place Public Works Department: _____

Public Works Employee Initials: _____

Permit #: _____