

State Law Reference – Texas Local Government Code, Chapter 284 Local Law Reference – West University Place Code of Ordinances, Chapter 70

NOTICE: Incomplete applications will not be processed. The Network Provider and Installing Contractor must be familiar with Chapter 70 of the West University Place Code of Ordinances, as well as the Code provisions relating to Quiet Hours, Tree Protection, and Public Notice, and Chapter 284 of the Texas Local Government Code. If you have questions regarding this application, please call the West University Place Public Works Department for assistance.

NETWORK PROVIDER INFORMATION:

Provider Name:			
Mailing Address 1:			
Mailing Address 2:			
City:		State:	Zip:
Telephone:	()_	Fax: ()_	
Website URL:		Email:	
NETWORK PROV	IDER OF	FICER OR EMPLOYEE CONTACT	INFORMATION:
Name of Network Pr	ovider's		
Point of Contact:		Title:	
Telephone:		Email:	
NETWODE DOOR	IDED EN	MERGENCY CONTACT INFORMAT	TION.
Name of 24/7	IDEK EN	TERGENCI CONTACT INFORMAT	.10N•
		Title:	
Telephone:			
INSTALLING CON	ITRACT (OR INFORMATION:	
Contractor Name:			
Mailing Address 1:			
Mailing Address 2:			
City:		State:	Zip:
Telephone:	()_	Fax: ()_	
Website URL:		Email:	
INSTALLING CON	NTRACT(OR OFFICER OR EMPLOYEE CON	TACT INFORMATION:
Name of Contractor's			
Point of Contact:		Title:	
Telephone:		Email:	
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CONTRACTOR EMERGENCY CONTACT INFORMATION:				
(contacts must be available 24 hours a day, 7 days a week, 365 days a year)				
Emergency Contact 1:			Title:	
Telephone:	())	Email:	
Emergency C	ontact 2:		Title:	
Telephone:	())	Email:	
	GHT OF WAY			
Please mark each of the following that you are requesting to perform in the right of way,				
=	=	_	oles, or transport facilities with respect to which you are	
requesting to	perform that ac	tion:		
• Netwo	ork Nodes			
0	Installing		Number	
0	Maintaining		Number	
0	Modifying		Number	
0	Operating		Number	
0	Replacing		Number	
• Node	Support Poles			
0	Installing		Number	
0	Maintaining		Number	
0	Modifying		Number	
0	Operating		Number	
0	Replacing		Number	
• Trans	sport Facilities			
0	Installing		Number	
0	Maintaining		Number	
0	Modifying		Number	
0	Operating		Number	
0	Replacing		Number	
If requesting to install any Node Support Poles, provide the following for each:				
(1) Longitude and latitude:				
(=) 20	g			



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	(2) Elevation above existing grade:			
(3) Longitude and latitude of the nearest pole already installed capable of supporting a Network Node, and its distance from the proposed pole:				
Are y	ou requesting to construct any above ground cabinets in the right of way?			
ADD	ITIONAL APPLICATION REQUIREMENTS:			
admir	following items are required to be submitted in order for the application to be considered histratively complete. Please mark the items which you have previously submitted, or are itting along with this application:			
	Aerial map of Network Facilities and related equipment you are requesting to install, maintain, modify, operate, or replace. Include existing Network Facilities, poles, underground utilities, water, sewer, storm sewer, sidewalks, driveways, trees, fences, and all other relevant features.			
	Street-view images of Network Facilities and related equipment you are requesting to install, maintain, modify, operate, or replace. Include existing Network Facilities, poles, underground utilities, water, sewer, storm sewer, sidewalks, driveways, trees, fences, and all other relevant features.			
	Before-and-after scaled dimensional drawings or pictures depicting Network Facilities and related equipment you are requesting to install, maintain, modify, operate, or replace. Include existing Network Facilities, poles, underground utilities, water, sewer, storm sewer, sidewalks, driveways, trees, fences, and all other relevant features.			
	Scaled dimensioned construction plans indicating the current ROWs and underground conduits and equipment, and their spacing from existing utilities. Include a sectional profile of the ROWs and identify all existing utilities and existing utility conflicts.			



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Analysis that proposed Network Nodes will not cause interference with the City public safety radio system, traffic signal light system, or other communications components, in the form of a certified letter by a licensed professional engineer.
Proof of commercial general liability insurance, an umbrella policy, automobile insurance, workers' compensation and employers' liability insurance, and environmental pollution liability insurance, with limits sufficient to cover all work covered by or related to this permit.
Proof of financial security (surety bond or written guarantee secured by a cash deposit) in the amount of at least 125% of the estimated cost of restoring the street area and other structures affected by the work covered by or related to this permit.
Traffic study performed by a Licensed Traffic Engineer (if installing ground-mounted equipment or poles).
Analysis demonstrating that any proposed new poles are spaced at least three hundred (300) linear feet from any existing pole capable of supporting a Network Node.
Traffic control plan.
A stormwater pollution prevention plan (SWPPP).
Trench safety plan.
Copies of the letters, addresses, a map showing the addresses, and postmarked envelopes to be used to notify adjacent residential developments/neighborhoods within three hundred (300) feet of all requested Network Facilities.
Pole Attachment Agreement or other proof of permission to attach equipment to non-city-owned infrastructure or poles of other providers. If the project lies within the State ROW, the evidence of a permit from the State is required.
Proof of registration with the City's Development Services Division to allow for issuance of permit and annual billing.
Plans and drawings prepared by a professional engineer licensed in the State of Texas evaluating the existing and proposed pole or infrastructure for structural stability to carry proposed Network Nodes and to bear the wind load, with appropriate certification.
Identification numbers assigned by City to poles involved in requested work and addresses of all existing and requested poles.
Indemnification agreement, provided by the City, executed by the Network Provider.



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PERMIT/APPLICATION FEES

The following Permit/Application Fees are due upon submission of this application:

- \$500 total for the first 5 network nodes;
- \$250 for each network node in addition to the first 5.
- \$1,000 for each pole.

Complete the below to determine the total amount of Permit/Application Fees due upon application:

	Fee	Qty	Total
Network Nodes:	\$ <u>500.00</u> + (\$ <u>250.00</u> First 5 Nodes	X) No. of Additional Nodes	= \$
Transport Facilities:	\$500.00 + (\$250.00) First 5 Nodes Each additional Node	X) No. of Additional Nodes	= \$
Poles:	(\$ <u>1000.00</u> X Each Pole	No. of Poles	= \$
Total Permit/App	= \$		

ROW USE FEES

The following constitutes the ROW Use Fees:

- \$28 per month for each network node for which transport facilities provide backhaul.
- \$250 per year for each network node.

One year's worth of ROW Use Fees are due upon application. Additional ROW Use Fees will be paid each year following the initial payment. Complete the below to determine the total amount of ROW Use Fees due upon application:

	Fee		Qty	Total
Network Nodes:	(\$ 250.00	X) No. of Nodes	= \$
Transport Facilities:	(\$ 336.00	X	No. of Nodes No. of Nodes	= \$
Total ROW Use Fee				= \$

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NETWORK PROVIDER CERTIFICATION OF APPLICATION:

The Network Provider hereby certifies that all statements and documents supplied with this application constitute a true and correct representation of the proposed work. The Network Provider further acknowledges and agrees that such documentation shall control the work in the right of way of the Network Provider's Installing Contractor. Additionally, the Network Provider is familiar with and agrees to follow Chapter 70 of the West University Place Code of Ordinances, as well as the Code provisions relating to Quiet Hours, Tree Protection, and Public Notice, Chapter 284 of the Texas Local Government Code, and all other laws and regulations pertaining to the work contemplated by this application.

By affixing the signature of Network Provider's authorized representative below, the Network Provider certifies and agrees to the provisions of the Network Provider Certification of Application:

Signature:	-
Name:	-
Title:	-
Date:	-
For Official Use Or	nly
Date application received by City of West University Place Pu	ublic Works Department:
Public Works Employee Initials:	
Permit #:	