

**CITY OF NORMAN SITING APPLICATION FOR PUBLIC RIGHT-OF-WAY, SMALL WIRELESS FACILITY, UTILITY POLE, DECORATIVE POLE, AUTHORITY POLE, AUTHORITY WIRELESS SUPPORT STRUCTURE, AND/OR WIRELESS SUPPORT STRUCTURE INSTALLATION**

**New Submission**       **Resubmission**

APPLICANT INFORMATION			
APPLICANT NAME:		WIRELESS SERVICE PROVIDER (if different from applicant):	
MAILING ADDRESS:		COMPANY CONTACT OR CONSULTANT:	
CITY:	STATE:	ZIP:	MAILING ADDRESS:
PHONE:	CITY:	STATE:	ZIP:
EMAIL:		PHONE:	
APPLICANT SITE LOCATION CODE:		EMAIL:	
Is applicant an FCC-licensed provider of wireless services? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please describe: _____		<b>NUMBER OF FACILITIES INCLUDED WITH THIS APPLICATION (up to 25) &gt;&gt;</b>	_____

**FACILITY #1**

SITE LOCATION	SITE OWNER (Check here and skip if same as Applicant) <input type="checkbox"/>
ADDRESS:	NAME:
COORDINATES (if no address):	MAILING ADDRESS:
CITY:                      STATE:                      ZIP:	CITY:                      STATE:                      ZIP:
ZONING DISTRICT:	PHONE:
CHECK ALL THAT APPLY: <input type="checkbox"/> City-owned property <input type="checkbox"/> Private property <input type="checkbox"/> City right-of-way <input type="checkbox"/> Other publicly-owned property	EMAIL:

**STRUCTURE**

TYPE OF STRUCTURE (CHECK ALL THAT APPLY):  <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> MODIFIED <input type="checkbox"/> Small Cell Wireless Facility <input type="checkbox"/> Wireless Support Structure <input type="checkbox"/> City-owned Wireless Support Structure <input type="checkbox"/> Other: _____	IF POLE: <input type="checkbox"/> Decorative Pole <input type="checkbox"/> City Pole <input type="checkbox"/> Utility Pole; Pole Owner: _____
WILL AN ELECTRIC METER BE REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No    (IF YES, BUILDING PERMIT WILL BE REQUIRED)	
IS THIS A COLLOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No    (IF YES, ATTACH ENGINEER STATEMENT OF COMPLIANCE)	

**PROJECT DESCRIPTION**

Provide a brief description of the Small Wireless Facility, Wireless Support Structure, Utility Pole, Decorative Pole, City Pole, or City Wireless Support Structure proposed to be installed.

ID	HEIGHT (ft)	ENCLOSURE (ft <sup>3</sup> )	ANTENNA (ft <sup>3</sup> ) (if applicable)	OTHER EQUIPMENT (ft <sup>3</sup> )	RANGE OF FREQUENCIES TO BE USED	Exteri or Anten	MAXIMUM ERP (Watts)

\* Facilities should comply with size and volume limitation in City Code unless otherwise permitted.

**FACILITY #2** (Attach additional pages for additional sites/structures.)

SITE LOCATION			SITE OWNER (Check here and skip if same as Applicant) <input type="checkbox"/>		
ADDRESS:			NAME:		
COORDINATES (if no address):			MAILING ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
ZONING DISTRICT:			PHONE:		
CHECK ALL THAT APPLY: <input type="checkbox"/> City-owned property <input type="checkbox"/> Private property <input type="checkbox"/> City right-of-way <input type="checkbox"/> Other publicly-owned property			EMAIL:		

STRUCTURE	
TYPE OF STRUCTURE (CHECK ALL THAT APPLY):  <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> MODIFIED <input type="checkbox"/> Small Cell Wireless Facility <input type="checkbox"/> Wireless Support Structure <input type="checkbox"/> City-owned Wireless Support Structure <input type="checkbox"/> Other: _____	IF POLE: <input type="checkbox"/> Decorative Pole <input type="checkbox"/> City Pole <input type="checkbox"/> Utility Pole; Pole Owner: _____
WILL AN ELECTRIC METER BE REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No    (IF YES, BUILDING PERMIT WILL BE <b>REQUIRED</b> ) IS THIS A COLLOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No    (IF YES, ATTACH ENGINEER STATEMENT OF COMPLIANCE)	

PROJECT DESCRIPTION							
Provide a brief description of the Small Wireless Facility, Wireless Support Structure, Utility Pole, Decorative Pole, City Pole, or City Wireless Support Structure proposed to be installed.							
ID	HEIGHT (ft)	ENCLOSURE (ft <sup>2</sup> )	ANTENNA (ft <sup>3</sup> ) (if applicable)	OTHER EQUIPMENT (ft <sup>3</sup> )	RANGE OF FREQUENCIES TO BE USED	Exterior or Antennas	MAXIMUM ERP (Watts)
* Facilities should comply with size and volume limitation in City Code unless otherwise permitted.							

<b>CERTIFICATION on behalf of Applicant:</b>	
<ol style="list-style-type: none"> <li>1. Applicant agrees to pay applicable fees and rates, repair damage, and comply with all nondiscriminatory and generally applicable ROW requirements for deployment along with other applicable requirements set forth in the City Code.</li> <li>2. Applicant will comply with insurance or indemnification requirements, if any, that the City imposes on all users of the ROW.</li> <li>3. Applicant's proposed site plan and design plans meet or exceed all applicable engineering, materials, electrical, and safety standards.</li> <li>4. The Applicant will complete deployment of its facilities covered by this Application within one (1) year of issuance of permits and approval of this application, unless agreed otherwise by City and Applicant, or because a delay is caused by a lack of commercial power or communications transport facilities to site(s) applied for herein.</li> <li>5. To the best of Applicant's knowledge, the information contained herein is true.</li> </ol>	
NAME: (Please print)	TITLE:
SIGNATURE:	DATE:

**ATTACHMENTS TO APPLICATION**

Please submit all the following with this completed application.

- Preliminary site plan with a diagram or construction/engineering drawing depicting the design for installation of the Small wireless facility.
- Location of the site, including the latitude and longitudinal coordinates of the specific location of the site.
- Identification of any third party upon whose utility pole or support structure the applicant intends to collocate and certification by the applicant that it has obtained approval from the third party.

**If application to collocate an existing pole:**

- Statement of compliance with all applicable codes from a licensed engineer and description of any make-ready work required.
- Statement of compliance with all applicable codes from licensed engineer.

**\*\*\*\*\* FOR PUBLIC WORKS DEPARTMENT STAFF USE ONLY \*\*\*\*\***

**APPLICATION FEE:**  
 \$200 for first five (5) Small wireless facilities; \$100 per each additional Small wireless facility or Micro-wireless facility  
 \$350 per pole siting application for installation, modification, or replacement of utility pole and associated collocation

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_                      DATE APPLICATION COMPLETE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT RECEIVED: \$ \_\_\_\_\_                      ZONING TECHNICIAN: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_                      CITY PERMIT SITE ID #: \_\_\_\_\_

NUMBER OF FACILITIES: \_\_\_\_\_                      SITE/PLAN USE PERMIT #: \_\_\_\_\_

REVIEWER: \_\_\_\_\_                      ASSOCIATED CO/PERMIT #: \_\_\_\_\_

**ACTION: This Permit Application shall be processed within the timelines set forth in Okla. Stat. tit. 11, Section 36-505.**

APPLICATION COMPLETE                       APPLICATION INCOMPLETE (If incomplete, City must notify Applicant within ten (10) days of receipt of Application and specifically identify missing information in writing)

NOTES: [Note when complete if initially incomplete]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVE PERMIT                       DISAPPROVE PERMIT (City must provide written explanation for denial)

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PUBLIC WORKS DIRECTOR (or designee)                      Date                      Name/Signature/Date

**APPLICANT NAME (from page 1):** \_\_\_\_\_

**ADDITIONAL FACILITY**

SITE LOCATION			SITE OWNER (Check here and skip if same as Applicant) <input type="checkbox"/>		
ADDRESS:			NAME:		
COORDINATES (if no address):			MAILING ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
ZONING DISTRICT:			PHONE:		
CHECK ALL THAT APPLY: <input type="checkbox"/> City-owned property <input type="checkbox"/> Private property <input type="checkbox"/> City right-of-way <input type="checkbox"/> Other publicly-owned property			EMAIL:		

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WILL AN ELECTRIC METER BE REQUIRED?  Yes  No (IF YES, BUILDING PERMIT WILL BE REQUIRED)

IS THIS A COLLOCATION?  Yes  No (IF YES, ATTACH ENGINEER STATEMENT OF COMPLIANCE)

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