



Small Cell Wireless

Permit application for installation in
city right-of-way

THE APPLICANT IS: **UTILITY OWNER** **CONTRACTOR** **CONSULTANT**

UTILITY OWNER	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
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CONTRACTOR <small>(IF DIFFERENT THAN UTILITY OWNER)</small>	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
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CONSULTANT <small>(IF SUBMITTING FOR UTILITY OWNER)</small>	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
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PROJECT SUMMARY

SCOPE OF WORK	<p>PROPOSED START DATE _____ PROJECTED END DATE _____</p> <p>DETAILED DESCRIPTION OF PROPOSED WORK, INCLUDING ANY RESTORATION. (ATTACH DETAILED PLAN SHEETS):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PERMIT IS REQUESTED FOR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ATTACHMENT TO EXISTING POLE/STRUCTURE <ul style="list-style-type: none"> <input type="checkbox"/> City-Owned Pole (Collocation agreement required) <input type="checkbox"/> Pole owned by others <input type="checkbox"/> NEW POLE(S) INSTALLATION <input type="checkbox"/> BOTH <p>*DISTURBED SURFACES FROM NEW POLE INSTALLATION (CHECK ALL THAT APPLY)</p> <ul style="list-style-type: none"> <input type="checkbox"/> BITUMINOUS <input type="checkbox"/> CONCRETE <input type="checkbox"/> DIRT / SOIL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> PAVERS <input type="checkbox"/> TURF <input type="checkbox"/> OTHER _____ <p>*ALL DISTURBED SURFACES MUST BE RESTORED TO SAME OR BETTER CONDITION</p>
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REQUIRED ITEMS	<p>APPLICANT MUST SUBMIT ALL REQUIRED ITEMS FOR APPLICATION TO BE CONSIDERED COMPLETE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PERMIT FEE: NUMBER OF SITES _____ x \$50 = TOTAL PERMIT FEE \$ _____ (\$500 min.) <input type="checkbox"/> CONSTRUCTION PLANS <input type="checkbox"/> COMPLETED REGISTRATION AS CITY RIGHT OF WAY USER <input type="checkbox"/> DESIGN PLAN/ROUTE FOR BACKHAUL <input type="checkbox"/> COLLOCATION AGREEMENT, IF REQUIRED <input type="checkbox"/> COPY OF CITY ZONING APPROVAL
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SUBMITTAL OPTIONS:

MAIL:

City of Minnetonka
 Engineering Department
 14600 Minnetonka Boulevard
 Minnetonka, MN 55345

EMAIL:

skrake@minnetonkamn.gov

FAX:

952-939-8244

PERMITTEE AGREES: 1) TO ABIDE BY THE PERMIT TERMS AND THE CITY'S RIGHT-OF-WAY ORDINANCE, 2) TO PAY ALL APPLICABLE FEES AND PROVIDE ANY REQUIRED INSURANCE, AND 3) TO INDEMNIFY AND HOLD HARMLESS THE CITY, ITS OFFICIALS, EMPLOYEES AND AGENTS ANY LIABILITY, CLAIM OR DAMAGE ARISING OUT OF THE REGISTRANT OR PERMITTEE'S ACTIONS OR INACTIONS UNDERTAKEN PURSUANT TO THE PERMIT.

THIS IS AN APPLICATION FOR A PERMIT – IT IS NOT VALID UNTIL SIGNED BY CITY STAFF	
NAME _____ <small>Please type or print</small>	TITLE _____ <small>Please type or print</small>
SIGNATURE _____	DATE _____

FOR OFFICE USE ONLY		
Date received:	Date application complete:	90 day deadline date:
Staff name:	OR, date incomplete letter sent:	Date issued:
Signature:		Payment type:
Comments:		

SITE LOCATION(S)

By statute, applicant may include up to 15 small wireless facilities per permit, if they are within a two mile radius, consist of substantially similar equipment, and are to be placed on similar types of wireless support structures.

SITE NUMBER	LOCATION	FEE \$50/LOCATION*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
TOTAL PERMIT FEE		\$
*minimum \$500 per permit		