

Small-Cell Facilities Permit Application

The City of Holland, Michigan



1. Installation Types

Small-Cell Facilities (check at least one):

- New Installation / Collocation
- Replacement / Modification
- Removal

Quantity of Small Cell Facilities _____

Wireless Support Structures (check at least one):

- New Installation / Collocation
- Replacement / Modification
- Removal

Quantity of Wireless Support Structures _____

If Collocation, name of the existing Wireless Support Structure owner _____

2. Applicant Information

(a) Operator / Utility Provider

Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Cell Number: _____

Email: _____

(b) Permit Agent, if different than Operator

Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Cell Number: _____

Email: _____

Is Applicant the Operator of the Proposed Small – Cell Facility and / or Wireless Support Structure?

Yes No If "No" Is Applicant serving as an agent for the Operator?
provide written documentation of the agent designation signed by the Operator.

Yes No If "Yes" Applicant must

3. Installation Location(s)

(a) Small-Cell Facilities Site Coordinates (Latitude / Longitude):

(b) Small-Cell Facilities Site Coordinates (Latitude / Longitude):

4. Preliminary Construction Schedule

(a) Upon approval, construction start date: _____ (b) Completion Date: _____

5. State and Federal Laws

Does the Applicant certify that the proposed Small-Cell Facility and/or new Wireless Support Structure fully comply with all state and federal regulations Yes No?

6. Submittals:

1. Please complete this application to apply for an Encroachment Permit for Small-Cell Facilities in the public right-of-way. Please reference Small-Cell Facilities Requirement for more details on the process in the City Manager's Office, Small-Cell Facilities Information, www.cityofholland.com/citymanager. Submit the complete application to:

ATTN: City Manager's Office, Attention: Assistant City Manager Matt VanDyken
 Holland City Hall, 2nd Floor, 270 South River Avenue, Holland, MI 49423
 Contact City Staff at 616.355.1310 for assistance

(a) New Installation / Collocation / Modification / and Replacement

Applicant must submit the following documents:

1. A certificate of compliance with FCC rules related to radio frequency emission from a small cell wireless facility is required.
2. An attestation that the construction of the proposed small-cell facility will commence within one (1) year of final approval and be diligently pursued to completion, unless the City and the Applicant agree to extend the period.
3. Applicant may file a consolidated application and receive a single permit for the co-location of up to 20 small cell wireless facilities.
4. Applicant must submit a processing fee of \$100 for each Small-Cell Facility included in this Application. Make check payable to the City of Holland.
5. Aerial map and street view image map(s) for any proposed small cell wireless facilities which shall be legible, to scale, labeled with streets, and contain sufficient detail to precisely identify the proposed small cell wireless facilities' locations and surroundings is required.
6. Photo simulation of any installations, including proposed paint color.
7. Equipment specifications.
8. Electrical service drawings.
9. Landscape plan for ground-mounted equipment, if applicable.
10. Evidence of owner's authorization to collocate on the existing structure, if applicable.
11. All proposed locations for small-cell wireless facility shall field-stake.
12. The Applicant shall be responsible to obtain such other pole attachment agreements, permits and approvals as otherwise required by law.
13. Applicant shall submit an RF Study justifying the need for small-cell facility.

(b) Removal

Applicant must submit the following:

1. Aerial map and street view image.
2. Description of the steps for removal and restoration of the right-of-way.

To the best of my knowledge, the information contained within this application is true,

Signature of Applicant(s)

Print

Date

FOR OFFICE ONLY:

Date: _____ Amount Paid: _____ Check # _____ Received by: _____

Approved by: _____ Date: _____

Additional Comments: _____
