



Permit No.: _____

City of Sweeny
SMALL CELL PERMIT APPLICATION

102 West Ashley Wilson Road, Sweeny, Texas 77480
Telephone: (979)-548-3321 Fax: (979)-548-7745

Applicant Name: _____ Date: _____

Company Name: _____

Address of Applicant: _____

Phone Number of Applicant: _____ Email: _____

Wireless Service Provider: _____

Contact for Provider: _____ Phone Number: _____

Number of small cell facility installation locations included in this application: _____

NOTE: If more than one, please attach a separate sheet showing the below information for each location.

Existing Structure Information

Structure Type: Utility Pole Telecommunications Pole Other: _____

Number of Network Nodes to be installed _____ Permit Fee- Up to Five (5) Network Nodes \$500.00
\$250.00 per Additional Network Nodes Beyond Five (5)

Structure/ Pole ID#: _____

Structure Height: _____ feet _____ inches

Closet Address to Structure or Block Number and Street: _____

Existing Structure Owner: _____

Name of Structure Owner Representative: _____

Mailing Address: _____

Phone: _____ Email: _____

Detailed Description of work, activity, or use of the public right of way.

By my signature, I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate.

Signature

Date



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Number of Network Nodes to be installed (TOTAL) _____

Permit Fee – Up to Five (5) Network Nodes \$500.00

Additional Network Nodes Beyond Five (5) \$250.00 per additional

Number of Network Nodes to be located on Municipally Owned Utility Poles _____

Number of Network Nodes to be collocated on City Service Poles _____

Number of Micro Network Nodes to be located between poles _____

Other Network Nodes to be installed in the ROW not included in the above _____

Number of Network Node Support Poles to be installed _____

New Network Node Support Poles \$1000.00 per Pole

GIS Coordinates _____

Name of Pole Owners _____

Number of Antennas to be installed _____

Height of Attachment _____

Location of Equipment Shelter _____

Pole Type _____

Backhaul Solution _____

Operating Frequencies: Transmitting Frequency Range (MHZ) _____

Receiving Frequency Range (MHZ) _____

Effective Radiated Power (ERP) Specified in Watts _____



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Will the network nodes have wireless or wireline data transport services? Wireline Wireless

When do you anticipate the network nodes will be in service? _____

Will the network nodes be installed in/on any of the following? Check all that apply

Municipal Park

Decorative Poles

Adjacent to a street that is:

Not more than 50 feet wide; and

Adjacent to single-family residential lots or other multifamily residence; or

Undeveloped land that is designated for residential use by zoning or deed restrictions.

If you answered yes to any of the above, please provide maps and drawings showing the location and design of the installation and where the listed factors are impacted.

Please provide a billing address and contact information for bills under Chapter 284.

Wireless Carrier: _____

Contact Name: _____

Phone Number: _____ Email: _____

Billing Address:

For any and all Support Poles or Network Nodes located on existing structures must be accompanied by GIS locations, Engineered and Stamped plans, Right of Way User Form, and a letter from the pole/Right of Way owner allowing placement. Performance Bonds and Certificate of Insurance and Registration must be submitted along with this permit application.