



CITY OF CEDAR RAPIDS

APPLICATION FOR SMALL WIRELESS FACILITIES BUILDING PERMIT FOR RIGHT OF WAY ENCROACHMENT

COMPLETE AND SUBMIT ALL THE REQUIRED INFORMATION LISTED BELOW FOR EACH REQUEST TO BE PROCESSED.

Preliminary Site Area Authorization Submission date: _____ Approval Date: _____

- New Pole
- Existing Pole

Ownership:

Private Property _____ (number)
Public Property _____ (number)
Right of Way _____ (number)

PROPERTY OWNER'S INFORMATION

NAME (AS IT APPEARS ON DEED): _____

Please fill in additional information below if Private or Public Property is noted above:

BUSINESS ADDRESS: _____
MAILING ADDRESS: _____

CONTACT PERSON and TITLE: _____

CONTACT PHONE and EMAIL: _____

WIRELESS SERVICE PROVIDER'S INFORMATION

COMPANY NAME and ADDRESS: _____

CONTACT PERSON and TITLE: _____

CONTACT PHONE and EMAIL: _____

BOND ON FILE: _____yes _____no BOND EXPIRATION DATE: _____

INSURANCE ON FILE: _____yes _____no Expiration Date: _____



CONTRACTOR/INSTALLER INFORMATION

COMPANY NAME and ADDRESS: _____

CONTACT PERSON and TITLE: _____

CONTACT PHONE and EMAIL: _____

BOND ON FILE: _____yes _____no BOND EXPIRATION DATE: _____

INSURANCE ON FILE: _____yes _____no Expiration Date: _____

1. Pole Location(s) (Street Segment/Pole Number [if applicable])

Pole 1 _____ New or Existing

Owner: _____ Type: _____

Pole 2 _____ New or Existing

Owner: _____ Type: _____

Pole 3 _____ New or Existing

Owner: _____ Type: _____

Pole 4 _____ New or Existing

Owner: _____ Type: _____

Pole 5 _____ New or Existing

Owner: _____ Type: _____

Verification of Structural Inspection to accommodate load on Poles (Attached)



2. Antenna(s)

Number of antenna(s): _____

Dimensions of antenna(s): _____

Make, model and technical specifications:

3. Equipment (answer all that apply)

A. Primary Equipment Enclosure Location and Dimensions (identify pole and location on pole):

Make, model and technical specifications for each piece of equipment:

1: _____

2: _____

B. Secondary Equipment Enclosure Location and Dimensions (identify pole and location on pole):

Make, model and technical specifications for each piece of equipment:

1: _____

2: _____

C. Other Equipment Location and Dimensions (identify pole and location on pole):

Make, model and technical specifications for each piece of equipment:

1: _____

2: _____



4. Required Documents (check as appropriate)

Attached is a location drawing of the proposed Small Wireless Facility showing each of the following:

- (a) Street name;
- (b) Names of cross streets;
- (c) The utility, transit, or street light pole to be used;
- (d) All existing facilities on the utility, transit, or street light pole (if applicable); and
- (e) All proposed facilities on the utility or street light pole providing elevations.
- (f) A photograph of the Small Wireless Facility to be located in the public rights-of-way.
- (g) A site drawing in a twenty feet (20') to one inch (1") scale (20:1 scale) showing the location of any existing Small Wireless Facilities located in the public rights-of-way that are within a one hundred and fifty foot (150') radius of the proposed Personal Wireless Service Facility.

Proposed Duration of Utility _____

Application fee addressing no more than 5 small wireless facilities: \$500.00

Application fee addressing between 6 and 25 small wireless facilities: \$500.00, plus an additional \$50 for each small wireless facility

Attached is a certificate of insurance in a form acceptable to the City's Risk Manager showing that the Applicant complies with the requirements.

3) Street Information (complete if any work is being done in a public street for any duration)

Contractor Providing Traffic Control: _____
(Must be insured with City)

Duration for traffic control to be in place: _____ Hours / Days
Start Date: _____

Select the type of Traffic Control:

Complete Closure One Lane Closure** Parking Lane Only Closure**

**Specify Travel/Parking Lane(s) being closed: _____

Street(s) upon which traffic control is to be located: _____



Street functional classification

Use the link below to determine functional classification of street Upon which work is being done. Select classification.

Website - <http://tinyurl.com/idotfunctionalclassification>

Arterial (Principal or Minor) – traffic control plan required

Collector – traffic control plan required for 1 lane or complete closures

Local – traffic control plan required for complete closures with duration of over 48 hours

Traffic Control Plan may be required by Traffic Engineering Division for instances other than those mentioned above.

Utility Installation Under Hard Surface Roadways – Refer to Detail 2200-050 using hyperlink or QR Code below:



Website Link - <https://tinyurl.com/CRDetail-2200-050>

Website QR Code:

5. Approvals

- Right of Way
- Building / Zoning
- Community Development Planner
- Public Works Director
- Traffic
- Engineering
- Fire Department

I hereby acknowledge that the wireless service provider will comply with all of the requirements and that these fees are non-refundable and do not guarantee approval of request by City Council.

DATE REQUESTED: _____ SIGNATURE: _____

SUBMIT REQUEST TO:

Public Works Department
Engineering Division
500 15th Ave SW
Cedar Rapids, Iowa 52404
Phone: (319) 286-5802
Fax: (319) 774-5653

CHECKS PAYABLE TO:

City Treasurer