



City of Council Bluffs, Iowa
Public Works Engineering Department
209 Pearl Street, Council Bluffs, IA 51503
Phone: (712) 890-5296

Small Wireless Facilities Permit

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Contact Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Mobile Phone: _____

Company or Wireless Service Provider Name: _____

Company Contact Name: _____

Company Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Mobile Phone: _____

Is Applicant or Permittee an FCC-Licensed provider of wireless services? Yes No

If no, provide written documentation authorizing this work to be performed in right-of-way.

ATTACHMENTS TO APPLICATION:

- Provide a statement or agreement from the owner of the facility / structure to allow for connection of equipment on said facility.
- Provide applicable construction and engineering drawings and / or reports.
- Provide a site plan including a vicinity map, the location of the proposed facility.
- Provide 11"x17" drawings to scale showing the elevation profile of the facility indicating heights, equipment, cabinet locations and any other utilities, sign, etc. already located on the pole.
- Provide supplemental facility sheets as needed to provide adequate information for all planned installations.

PROJECT INFORMATION:

Project Location: _____

Street Location (closest intersecting cross Street Names): _____

Site #1

Latitude: _____

Longitude: _____

City: _____ State: _____ ZIP: _____

Property Owner Information: _____

Property Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Project Description: _____

Type of Facility Equipment will be attached or connected to? _____

Existing Light Pole		Facility Owner: _____
Existing Power Pole		Facility Owner: _____
Existing Decorative Pole		Facility Owner: _____
Existing Sign Pole		Facility Owner: _____
New Pole		Facility Owner: _____
Other*		Facility Owner: _____

*Other description of facility: _____

Facility Owner Information: _____

Facility Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Agreement with Facility Owner Supplied? Yes No

>>>> FOR OFFICIAL USE ONLY <<<<

PERMIT PROCESSING INFORMATION:

Date application submitted: _____

Date permit issued: _____

Approved by: _____

Date Approved: _____

Permit Denied for: _____

PERMIT FEE SCHEDULE:

Sites 1-5 Permit review Fee: \$500.00

Sites 6-10: + \$50.00 / site (installation)

Total Fee:

ANNUAL CITY POLE RENTAL:

\$150.00 per year for each attachment

SITE ROW FEES:

\$45.00 per site for ROW access