



City of Saginaw

**Additional Required Information Related to
Application for Network Node, Node Support Pole or Transport Facility**

Date of Application: _____

APPLICANT INFORMATION

Company's Legal Name (Owner of Facilities)

Address City State Zip

(Area Code) Telephone # 24-Hour Emergency Phone # Email Address

Contact Person 1 Title Phone # Email Address

Contact Person 2 Title Phone # Email Address

Is your Company authorized to do business in the State of Texas? (Please check one) Yes No

Under what Authority are you allowed in the Right-of Way?

PROJECT INFORMATION

Network Node(s) Node Support Pole(s) Transport Facility (Aerial / Underground)

Colocation on Pole. Type of Pole: _____

Replacement Pole. Type of Pole: _____

CONTRACTOR INFORMATION

Company's Legal Name (Contractor) Type of Contracted Work they will perform

Address City State Zip

(Area Code) Telephone # 24-Hour Emergency Phone # Email Address

Contact Person Title Phone # Email Address

Is your Company authorized to do business in the State of Texas? (Please check one) Yes ___ No ___

Is your Company Registered with the City of Saginaw? Yes ___ No ___
(If not, Permit will not be processed until registration occurs)

SUBCONTRACTOR INFORMATION

Company's Legal Name (Contractor)		Type of Contracted Work they will perform		
Address		City	State	Zip
(Area Code) Telephone #	24-Hour Emergency Phone #		Email Address	
Contact Person 1	Title	Phone #	Email Address	
Contact Person 2	Title	Phone #	Email Address	

Is your Company authorized to do business in the State of Texas? (Please check one) Yes ___ No ___

Is your Company Registered with the City of Saginaw? Yes ___ No ___
(If not, Permit will not be processed until registration occurs)

Provide name, address, and phone number of all subcontractors, and type(s) work to be performed by each subcontractor. No Contractor or subcontractor can work in the right-of-way unless they are listed.

(USE ADDITIONAL SHEETS IF NECESSARY TO INCLUDE ALL SUBCONTRACTORS)

INFORMATION TO BE INCLUDED SUBMISSION

Furnish the following: All Information required by the City of Saginaw City Ordinance No. 2017-10 including the Design Manual for the Installation of Network Nodes and Node Support Poles. Submittals:

- Overall citywide layout plan showing all proposed Network Nodes, Node Support Pole, or Transport Facility.
- Engineering Drawings for the proposed installation. Drawing must demonstrate compliance with the city's design manual and City Ordinance 2017-10.
- Certificate of compliance with the applicable regulations of the Federal Communications Commission and that the proposed installation will be placed into active service no later than the 60th day after the date of construction and final testing of each node is complete.

ADDITIONAL INFORMATION

Will Any Pavement Be Removed (Including Utility Locates)? Yes No

Type of Pavement: ___ Street ___ Curb and Gutter ___ Alley ___ Sidewalk ___ Drive Approach
___ Other: _____

Will Traffic Lane or Sidewalk Closure or Blockage Be Required? Yes ___ No ___

Type of Closure: Street Lanes: Number of Existing Lanes:___

false information on this form or related attachments may result in denial.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE RIGHT-OF-WAY MANAGEMENT ORDINANCE AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION IT WAS PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGHT-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES, OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:

Facility Owner: (Company Name) _____

By (Authorized Representative): (Signature) _____

Authorized Representative Printed Name: _____

Title: _____ Telephone: _____

ACKNOWLEDGMENT

STATE OF TEXAS §
COUNTY OF TARRANT §

BEFORE ME, the undersigned on this day personally appeared

_____ (Names and Titles),
and attested that they are authorized to sign on behalf of the companies as shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Companies as shown above, and that such capacity makes their signatures valid and binding to said Companies.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

Notary Public, in and for the State of Texas