

Small Wireless Facility

1. Description of facilities proposed (attach construction and engineering drawings – include dimensions of all facilities and distances to other right-of-way facilities including poles, curbs, fire hydrants, benches, intersections, and other features):
2. Location of facilities (include address, nearest street intersection, and GPS coordinates):
3. Attestation that the small wireless facilities will be operational for use by a wireless provider within one year after the permit issuance date, unless the authority and the applicant agree to extend this period or delay is caused by lack of commercial power or communications transport facilities to the site
4. Identify each piece of traffic control equipment within a 150-yard radius of the proposed location(s) of the facilities.
5. Submit a diagram, including distances, showing the sight lines or clear zones required for transportation or pedestrians in accordance with state and local law for the area where facilities are proposed.
6. Identify the dimensions of any sidewalk or pedestrian path or other pedestrian access in the area where facilities are proposed, and include a statement regarding the applicant's review of compliance with the Americans with Disabilities Act as it relates to the pedestrian access point(s) following placement of the proposed facilities.
7. Attest that the facilities will comply with all relevant Federal Communications Commission regulations concerning (1) Radiofrequency emissions from radio transmitters; and (2) Unacceptable interference with the public safety spectrum and CII spectrum, including compliance with the abatement and resolution procedures for interference with the public safety spectrum and CII spectrum established by the FCC set forth in 47 C.F.R. 22.970 through 47 C.F.R. 22.973 and 47 C.F.R. 90.672 through 47 C.F.R. 90.675

Signature

Date

PLEASE RETURN THIS SIGNED SHEET WITH THE APPLICATION

City of Morgantown Application

Plan Review

Submittal Date

___/___/___

Type of Work: Demo Asbestos New SFD New COMM

Garage Addition Deck Sprinkler Fire Alarm Grading

Remodel or Repair Shed Other

Property Information

Street Address Where Work will be done:	Morgantown, WV
Contact EMAIL:	

Square ft of Build

Cost of Project

Sprinkler Head Count

SIGNATURE OF APPLICANT

ADDRESS OF APPLICANT

PRINT NAME

PHONE

OFFICE USE ONLY

PERMIT:

New SFD:	FIRE New COMM:
New COMM:	Sprinkler:
Garage:	Fire Alarm:
Addition:	Sign:
Site Plan:	Other:

Application Processed By: _____

DATE

Total Fee



City of Morgantown Application for Small Wireless Facility

Application Date

Type of Work:

Electrical

Grading

Other

Deadlines – Office Use

___/___/___

10 days - ___/___/___

60 days - ___/___/___

90 days - ___/___/___

PROPERTY INFORMATION:

Parcel Type:

Residential

Rental/ Commercial

Industrial

P-ROW

Street Address Where Work is being done:

Morgantown, WV

Zip Code:

Business Name:

GPS:

Applicants First Name:

Last Name:

Phone:

Applicants Address (if different from above address):

CONTRACTORS INFORMATION:

Contractors Business Name

City License Number

General Contractor

Excavation

Concrete

Carpentry

Electrical

other

SCOPE OF WORK TO BE DONE:

Detailed Description of Work:

MUST ATTACH DETAILED SITE PLAN

YES

NO

Est. Value of Work \$

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to this permit.

SIGNATURE OF APPLICANT

ADDRESS OF APPLICANT

PHONE

PRINT NAME:

OFFICE USE ONLY:

Map/Parcel	Zoning	Ward	Flood Plain

APPROVALS:

Engineering Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Planning Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Code Enforcement Approval Notes:

Signature of person reviewing: _____ **DATE**

VALIDATION- CODE ENFORCEMENT USE ONLY:

Permit Number:	Fee
Other:	Fee
Stop Work Order:	Fee

Application Accepted and Processed By: _____

Total Fee

Approved By: _____ **DATE**

Signature of Person Picking Up Building Permit: _____ **DATE**

Print Name of Person Picking up Permit: _____

Project Completion Date: ___/___/___ (1-year after issuance date)