

Network Node  Service Pole  Utility Pole  Transport Facility



## CITY OF SAN ANTONIO RIGHT-OF-WAY SMALL CELL USAGE APPLICATION

COMPLETE APPLICATION IN ITS ENTIRETY, SEND TO [Michael.Bocanegra@sanantonio.gov](mailto:Michael.Bocanegra@sanantonio.gov)

DATE RECEIVED:		REVISION DATES:	
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**SITE INFORMATION**

Site Name:		Address:	
Primary Street:		Cross Street(s):	
Corner / Mid-block Location:		Primary Permit #:	
Existing Pole Type:		Associated Permit #:	
Existing Pole Height (AGL):		Associated Permit #:	
Existing Pole Lat. (NAD 83):		Associated Permit #:	
Existing Pole Long. (NAD 83):		Associated Permit #:	
Node Support Pole Type:		Associated Permit #:	
Node Support Pole Height:		Associated Permit #:	
Node Support Pole Lat. (NAD 83):		Associated Permit #:	
Support Pole Long. (NAD 83):		Associated Permit #:	
Pole Loading Analysis Approved?	Yes      No		
Transport Facility Linear Feet:			
Transport Facility Point to Point Location:			
Electric Service Required?	Yes      No	Amps/Volts if Required:	

**EQUIPMENT OWNER INFORMATION**

APPLICATION TYPE:	NEW LICENSE      AMENDMENT TO EXISTING LICENSE
DESIRED INSTALL DATE:	PROPOSED ON AIR DATE:
Node Owner Name:	Primary Contact Name:
Node Owner Site Name:	Company Name:
Node Owner Site ID:	Contact Number:
Node Owner Project No.:	Email Address:
CoSA Pole Attachment Agreement Executed?	Yes      No
	Address:

**CARRIER INFORMATION**

APPLICATION TYPE:	NEW LICENSE      AMENDMENT TO EXISTING LICENSE      SAME AS EQUIPMENT OWNER
DESIRED INSTALL DATE:	PROPOSED ON AIR DATE:
Carrier Name:	Primary Contact Name:
Carrier Site Name:	Company Name:
Carrier Site ID:	Contact Number:
Carrier Project No.:	Email Address:
CoSA Pole Attachment Agreement Executed?	Yes      No
	Address:

**CONTACT INFORMATION**  
(SUPPLEMENT POINT OF CONTACTS FOR APPLICATION INFORMATION)

Contacting Agency	Name	Phone	Email
Provider Permit Contact:			
Provider Construction Contact:			
Provider Billing Contact:			

**BACKHAUL / FRONTHAUL INFORMATION**

Name of Provider:	
Primary Contact Name:	
Contact Number:	
Email Address:	

**ANTENNAS AND TRANSMISSIONS REQUIREMENTS**

**ANTENNAS**

EQUIPMENT		MICROWAVE	GPS
Antenna Type:			
Antenna Dimensions (HxWxD) (inches):			
Antenna Weight (lbs per antenna):			
Antenna Mount Type:			
Antenna Manufacturer:			
Antenna Model (include spec sheet):			
Antenna Gain:			
Tower Mount Amplifiers (TMA) Used?	Yes	No	
Attachment Method:			
Height of top of antenna/shroud above ground level (feet):			

**TRANSMISSION**

TRANSMITTERS	ANTENNA 1	
Line Type:		
Transmission Line Quantity:		
Transmission Line Length:		
Line Diameter/Size (inches):		

**TRANSMIT-RECEIVE-FREQUENCY RANGE**

EQUIPMENT	EQUIPMENT 1	EQUIPMENT 2	EQUIPMENT 3	MICROWAVE	AUX
TX Frequency:					
RF Frequency:					
Transmitter/Receiver Quantity:					
Transmitter/Receiver Type:					
Transmitter/Receiver Technology Type:					
Transmitter/Receiver Manufacturer:					
Transmitter/Receiver Model:					

<b>Transmitter Output Power (Watts):</b>					
<b>ERP (Watts):</b>					
<b>ENCLOSURES</b>					
<b>Pole mounted Dimensions (HxWxD):</b>					
<b>Ground mounted Dimensions (HxWxD):</b>					