

PERMIT NUMBER _____

INSPECTOR: _____ Phone # _____



APPLICATION FOR SMALL CELLS RIGHT-OF-WAY CONSTRUCTION PERMIT

Registration form must be completed and approved prior to submitting a ROW permit application. Please refer to the ROW Permit checklist for additional information on application requirements.

COMPANY INFORMATION

FACILITY OWNER

Name _____ Registration Number _____

CONTRACTOR

Company Name _____ Representative's Name _____

Address _____ City _____ State _____ Zip _____

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

SUBCONTRACTOR PERFORMING THE WORK

Company Name _____ Contact Person _____

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

ROW PROJECT DETAILS – ALL FIELDS ARE REQUIRED

Description and Location of Work: (include street names, termination points, quantity of line and poles)

WILL ANY PAVEMENT BE REMOVED (THIS INCLUDES UTILITY LOCATES)? YES NO

WILL ANY EXCAVATION BE REQUIRED (THIS INCLUDES UTILITY LOCATES)? YES NO

WILL TRAFFIC LANE OR SIDEWALK CLOSURE BE REQUIRED? YES NO

(IF TRAFFIC LANE OR SIDEWALK CLOSURE IS REQUIRED, A DETAILED TRAFFIC CONTROL PLAN MUST BE SUBMITTED WITH THE PERMIT APPLICATION AND COMPLY WITH TEXAS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES KNOWN AS THE TMUTCD. TRAFFIC LANE CLOSURE IS LIMITED TO THE TIMES OF 9:00 A.M. TO 3:30 P.M. WEEKDAYS)

ANTICIPATED START DATE: _____ ANTICIPATED COMPLETION DATE: _____

PLEASE CALL DIG-TESS AT 1-800-344-8377, DIG-TESS CONFIRMATION NUMBER _____

ADDITIONAL INSTRUCTIONS AND INFORMATION

- SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS EITHER IN PERSON AT CITY HALL, ENGINEERING DEPARTMENT OR VIA EMAIL TO SPERKINS@CITYOFSACHSE.COM, INCLUDING THE FOLLOWING:
 - (1) COPY OF PLANS IN DIGITAL FORMAT OR (2) COPIES OF PLANS IF SUBMITTED IN PAPER FORM
 - (1) COPY OF A LEGIBLE SITE SPECIFIC TRAFFIC CONTROL PLAN. PLAN MUST INCLUDE NORTH ARROW, STREET NAME, AND AREA OF CONSTRUCTION
 - (1) COPY OF ALL MAPS (**MAPS NO LARGER THAN 11 X 17**)
- ALL PAGES OF THE APPLICATION MUST BE COMPLETE WITH APPLICANT'S SIGNATURE AND DATE BEFORE APPLICATION CAN BE PROCESSED.** QUESTIONS REGARDING PERMITS, PLEASE CALL 972-495-7600.
- UPON APPROVAL, PERMITS WILL BE EMAILED TO REGISTERED APPLICANT, CONTRACTOR AND SUB CONTRACTOR LISTED ON THE APPLICATION.
- A MINIMUM OF 48 HOURS PRIOR TO COMMENCING WORK THE CONTRACTOR MUST CONTACT:
 - THE PUBLIC WORKS / ENGINEERING INSPECTION OFFICE AT 972-495-7600 FOR SEWER/WATER LINE LOCATES
 - THE PUBLIC WORKS / ENGINEERING INSPECTION OFFICE AT 972-495-7600 FOR TRAFFIC CONTROL

NOTE: TRAFFIC AND WATER LOCATES ARE DONE ON AN INCREMENTAL BASIS AND NO WORK WILL BE PERMITTED UNTIL ALL LOCATES ARE MARKED IN THE FIELD.
- THE CONTRACTOR SHALL PROVIDE A VIDEO OF PROPOSED PROJECT LIMITS BEFORE STARTING AND THEN AFTER VIDEO ONCE PROJECT IS COMPLETE. (IN A FORMAT APPROVED BY THE CITY)
- CONTACT THE PUBLIC DEPARTMENT AT 972-495-7600 A MINIMUM OF **48 HOURS** PRIOR TO WORKING WITHIN 500' OF A SIGNALIZED INTERSECTION.
- A MINIMUM OF 24 HOURS PRIOR TO PLACING CONCRETE THE CONTRACTOR MUST CONTACT THE CONSTRUCTION INSPECTION OFFICE AT 972-495-7600 TO SCHEDULE INSPECTION AND PROVIDE CONCRETE MIX DESIGN.
- THIS PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION HAS NOT BEGUN WITHIN 30-DAYS.
- THIS CONSTRUCTION PERMIT MUST REMAIN ON PROJECT SITE WHEN WORK IS BEING PERFORMED.
- IF EMERGENCY WORK IS REQUIRED, AN APPLICATION FOR PERMIT MUST BE SUBMITTED NO LATER THAN ONE BUSINESS DAY AFTER WORK BEGINS.
- **ABOVE GROUND ROUTE/LOCATION MARKERS ARE NOT PERMITTED.**
- **ALL UTILITY LOCATE MARKINGS SHALL BE REMOVED BEFORE COMPLETION OF THE PROJECT.**
- CONTRATOR WILL PROVIDE VERIFICATION THE REQUIRED DENSITIES HAVE BEEN MET FOR BACKFILL AREAS.
- CONTRATOR SHALL PROVIDE VERIFICATION THAT ALL CONCRETE PLACED, MEETS THE MINIMUM STRENGTH REQUIREMENTS PER CITY OF SACHSE STANDARDS.
- VEGETATION SHALL BE ESTABLISHED IN ALL AREAS AFFECTED FROM WORK IN R.O.W.
- ALL WORK PREFORMED WITHIN THE R.O.W SHALL MEET THE CITY OF SACHSE STANDARDS.

- **For all incidents involving damage the City of Sachse's Public Works center must be called at 972-495-7600**
- **For accidents involving injuries or affecting Public Safety call 911**
- **For incidents/accidents affecting Atmos Gas call 1-800-460-3030**
- **For incidents/accidents affecting Oncor Electric Delivery call 1-888-313-4747**
- **AT&T/SBC Customer Service Bureau Manager on Duty 1-800-286-8313**

WIRELESS NETWORK FACILITIES

NETWORK NODES FOR THIS APPLICATION

FACILITY ID	DESCRIPTION	LOCATION

POLES FOR THIS APPLICATION

FACILITY ID	DESCRIPTION	LOCATION

SERVICE POLE COLLOCATION SITES FOR THIS APPLICATION

Collocation Agreements must be executed prior to application for permit.

FACILITY ID	DESCRIPTION	LOCATION

TRANSPORT SERVICE

If transport facilities for backhaul are part of the application, please list the transport facility ID and the number of nodes serviced by each.

FACILITY ID	DESCRIPTION/NODES SERVED	LOCATION

APPLICATION FEE CALCULATION

ITEM	APPLICATION FEES	QUANTITY	AMOUNT DUE
NETWORK NODES 1 to 5	\$500	_____	\$ _____
EACH ADDITIONAL NODE	\$250/Each	_____	\$ _____
POLES	\$1,000/Each	_____	\$ _____
TOTAL APPLICATION FEE	\$ _____		

In addition to application fees, annual fees and network fees will be calculated and billed to the company pursuant to Chapter 284 of the Texas Local Government Code and Ordinance NO. 3849 “Design Manual” of the City of Sachse.

INDEMNITY

(I) TO THE EXTENT ALLOWED BY STATE LAW, EACH PERSON PLACING FACILITIES IN THE PUBLIC RIGHTS-OF-WAY SHALL AGREE TO PROMPTLY DEFEND, INDEMNIFY AND HOLD THE CITY HARMLESS FROM AND AGAINST ALL DAMAGES, COSTS, LOSSES OR EXPENSES (I) FOR THE REPAIR, REPLACEMENT, OR RESTORATION OF CITY'S PROPERTY, EQUIPMENT, MATERIALS, STRUCTURES AND FACILITIES WHICH ARE DAMAGED, DESTROYED OR FOUND TO BE DEFECTIVE AS A RESULT OF THE PERSON'S ACTS OR OMISSIONS, (II) FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, AND JUDGMENTS FOR (A) DAMAGE TO OR LOSS OF THE PROPERTY OF ANY PERSON (INCLUDING, BUT NOT LIMITED TO THE PERSON, ITS AGENTS, OFFICERS, EMPLOYEES AND SUBCONTRACTORS, CITY'S AGENTS, OFFICERS AND EMPLOYEES, AND THIRD PARTIES); AND/OR (B) DEATH, BODILY INJURY, ILLNESS, DISEASE, LOSS OF SERVICES, OR LOSS OF INCOME OR WAGES TO ANY PERSON (INCLUDING, BUT NOT LIMITED TO THE AGENTS, OFFICERS AND EMPLOYEES OF THE PERSON, PERSON'S SUBCONTRACTORS AND CITY, AND THIRD PARTIES), ARISING OUT OF, INCIDENT TO, CONCERNING OR RESULTING FROM THE NEGLIGENT OR WILLFUL ACT OR OMISSIONS OF THE PERSON, ITS AGENTS, EMPLOYEES, AND/OR SUBCONTRACTORS, IN THE PERFORMANCE OF ACTIVITIES PURSUANT TO THIS ARTICLE.

(II) THIS INDEMNITY PROVISION SHALL NOT APPLY TO ANY LIABILITY RESULTING FROM THE NEGLIGENCE OF THE CITY, ITS OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, OR SUBCONTRACTORS.

(III) THE PROVISIONS OF THIS INDEMNITY ARE SOLELY FOR THE BENEFIT OF THE CITY AND ARE NOT INTENDED TO CREATE OR GRANT ANY RIGHTS, CONTRACTUAL OR OTHERWISE, TO ANY OTHER PERSON OR ENTITY.

Liability and Responsibility as to Damage to Public Rights-of-Way

The facility owner, contractor and sub-contractor acknowledge by their signatures below that they have read and understood CHAPTER 3, Sec. 3-13 – Public facilities; Public Rights-of-Way Management of the Municipal Code of Ordinances and agree to be bound by those provisions, including the indemnity provision, or if they are a Public Utility Commission Certificated Telecommunications Provider, they acknowledge and agree to be bound by the indemnity provision of the Local Government Code, 283.057. The facility owner acknowledges that it is responsible and liable for its agents, contractors and sub-contractors.

Such liability generally includes, but is not limited to, reimbursement for all damage to City property, repair and replacement of City property to the same condition it was prior to the construction in the right-of-way work being performed. Such reimbursement may also include, if applicable, additional cost to the City for City personnel responding to emergency situations where roadbeds, water lines, telecommunication lines, electric lines or other utilities have been damaged as a result of the construction work by the facility owner, contractor, or sub-contractor. Such additional cost may include any additional staff cost incurred by the City other than for routine staff duties.

INTERNAL USE ONLY			
Date Received _____	Registration Current _____	City Approval _____	Date _____
Complete _____	Completed Application _____	ROW Permission _____	Identify Location(s) _____
Incomplete _____	Plans _____	Traffic Control Plan _____	Email Notification Sent _____

ALL SIGNAUTRES BELOW ARE REQUIRED PRIOR TO SUBMITTING PERMIT APPLICATION

By signing this application, you are agreeing to comply with all applicable ordinances, including the Right-of-Way Management ordinance and agreeing to the indemnity terms above.

BY signing this application, you certify that you are signing this document for and on behalf of your Company, and that you have such capacity that makes this signature valid and binding to your Company.

FACILITY OWNER

Company Name	Telephone	Email
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Authorized Representative	Title
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Signature	Date
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SUB-CONTRACTOR

Company Name	Telephone	Email
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Authorized Representative	Title
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Signature	Date
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CONTRACTOR

Company Name	Telephone	Email
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Authorized Representative	Title
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Signature	Date
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Completed application and attachments shall be returned to: sperkins@cityofsachse.com