

SMALL CELL/5G RIGHT-OF-WAY PERMIT APPLICATION

NOTE: Required for any new 5G/Small Cell Antenna or Cell Towers, A Right-of-Way Permit will not be issued until the Utility Site Plan has been approved. By signing below, applicant acknowledges that a Utility Site Plan will be required, and furthermore that a **conference is required** (Utility Site Plan Review Meeting).

Bridge/Overpass Installation: Yes No	Permit Number:	
Date: Facility/Project Name: _		
Project Address:		
*Latitude Longitude:		
FACILITY OWNER		
Owner Name:		
Owner Address:		
Phone Number:Own	er Email:	
THIRD-PARTY UTILITY*/PSS OWNERS (for Collocation)		
Owner Name:		
Owner Address:		
Phone Number:Own	er Email:	
* For additional locations and/or PSS owners use additional sł	neets as necessary.	
CONTRACTOR'S INFORMATION		
Name:		
Company:	License#:	
Address:		
Phone Number: Ema	il:	
CERTIFICATIONS OF APPLICANT		
By signing below, the applicant certifies the following conditions he	ave been, or will be met:	
	s well as any PSS installations have been designed to meet	

or exceed all applicable engineering, materials, electrical, and safety standards related to the structural integrity and weight-bearing capacity of the potential support structure and small wireless facility.

Yes No N/A 2. Applicant has complied with requirements for Certificate of Insurance and indemnification.



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CERTIFICATIONS OF APPLICANT (Continued)

□ Yes □No □N/A	3. Applicant has received approval from all third-party utility owners of PSS's.
☐ Yes ☐ No ☐ N/A	4. Applicant agrees to abide by all rules governing maintenance, damages, repair, abandonment of facilities, and emergency repairs/relocations of small wireless facilities.
Yes No N/A	5. Any other rules or conditions set forth by TCA 13-24-401, and Maryville Municipal Code Ordinance 2019-11.
Yes No N/A	6. Owner/applicant agree to pay any associated annual fees/rates as permitted by TCA 13-24-407.
☐ Yes ☐ No ☐ N/A	7. All wireless facilities shall comply with all applicable codes.

SUBMITTED BY:

Print Name:	
Company Name:	
Address:	
Phone Number:	. Email:
Signature:	

FEE CALCULATION TABLE

Up to 5 Small Cell Wireless Facilities	\$100.00
	(+)
*Additional #[] of Facilities x \$50 each:	
Total Fee:	

CITY OF MARYVILLE ENGINEERING DEPARTMENT: (For office use only)

Approved by:

Print Name and Title: _____

Signature: _____