TENNESSEE PERMIT APPLICATION FOR PUBLIC RIGHT-OF-WAY, SMALL WIRELESS FACILITY, MICRO-WIRELESS FACILITY, POSSIBLE SUPPORT STRUCTURE ("PSS") AND/OR WIRELESS SUPPORT STRUCTURE INSTALLATION

City of Johnson City, Tennessee

(This Permit form conforms to, and incorporates the provisions of the “Competitive Wireless Broadband Investment, Deployment, and Safety Act of 2018” (the “2018 Wireless Act”, Tenn. Code Annot. §§ 13-24-401 to – 412.).)

**DATE APPLICATION SUBMITTED BY APPLICANT:** _______________________  ☐ New Submission

**DATE RECEIVED:** ___________  **RECEIVED BY:** ______________________  ☐ Resubmission

**NUMBER OF FACILITIES INCLUDED ON THIS APPLICATION (UP TO 20):** ______

### APPLICANT INFORMATION (Check here ____ if same as structure owner.)

<table>
<thead>
<tr>
<th>APPLICANT NAME:</th>
<th>WIRELESS SERVICE PROVIDER (if different from applicant):</th>
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<tbody>
<tr>
<td>COMPANY CONTACT OR REP:</td>
<td>W. S. P. CONTACT NAME:</td>
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<td>MAILING ADDRESS:</td>
<td>W. S. P. MAILING ADDRESS:</td>
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<tr>
<td>CITY, STATE, ZIP:</td>
<td>W. S. P. CITY, STATE, ZIP:</td>
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<tr>
<td>PHONE:</td>
<td>W. S. P. PHONE:</td>
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<tr>
<td>EMAIL:</td>
<td>W. S. P. EMAIL:</td>
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</tbody>
</table>

**Contractor / Consultant Contact Info (if applicable)**

Name: ____________________________
Phone: ____________________________
Email: ____________________________

**Contractor / Consultant Contact Address:**

**APPLICANT EMERGENCY CONTACT [TENN CODE §13-24-409(g)(4)]**

(name, company):

Emergency email and phone number:

**APPLICANT SAFETY CONTACT FOR ATTACHMENTS TO BRIDGES OR OVERPASSES [TENN CODE §13-24-409(j)]**

(name, company, address, phone number, email):

**APPLICANT TRACKING NUMBER:**

**Is applicant an FCC-licensed provider of wireless services?**  ☐ Yes  ☐ No If not, please describe:
TENNESSEE PERMIT APPLICATION FOR PUBLIC RIGHT-OF-WAY, SMALL WIRELESS FACILITY, MICRO-WIRELESS FACILITY, POSSIBLE SUPPORT STRUCTURE (“PSS”) AND/OR WIRELESS SUPPORT STRUCTURE INSTALLATION

City of Johnson City, Tennessee

PROJECT INFORMATION

<table>
<thead>
<tr>
<th>NUMBER OF WIRELESS FACILITY SITES:</th>
<th>Number of new PSS to be installed:</th>
<th>Will these replace an existing PSS? Yes_____ No_____</th>
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<tr>
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<td>Number of colocations on existing third-party PSS/on replacement of existing third-party PSS:</td>
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<td>Number of colocations on existing city-owned PSS:</td>
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<td>TOTAL:</td>
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CERTIFICATIONS BY APPLICANT:

1. Applicant has obtained approvals from all third-party owners as applicable to proposed sites for the colocation of small wireless facilities or new PSS. TENN CODE §13-24-409(g)(3)

2. Applicant agrees to pay applicable fees and rates, repair damage (if any), and comply with all nondiscriminatory and generally applicable ROW requirements for deployment of any associated infrastructure that is not a small wireless facility. TENN CODE §13-24-409(g)(4)

3. Applicant has or will comply with the City’s (i) surety bond, insurance and/or indemnification requirements; (ii) rules requiring maintenance of infrastructure deployed in ROW; (iii) rules requiring relocation or timely removal of infrastructure deployed in ROW no longer utilized; and (iv) any rules requiring relocation or repair procedures for infrastructure in ROW under emergency conditions, if any and to the extent that the City has adopted and enacted such requirements on a general and non-discriminatory basis upon entities that are entitled to deploy infrastructure in the ROW. TENN CODE §13-24-409(g)(5)

4. The proposed site plan and design plans included with this application meet or exceed all applicable engineering, materials, electrical, and safety standards, including all standards related to the structural integrity and weight-bearing capacity of the PSS and small wireless facility, as certified by a licensed professional engineer. (Certification of a licensed professional engineer is attached for standards relevant to engineering.) TENN CODE §13-24-409(g)(6)

NAME (Please print) ___________________________________________  TITLE

SIGNATURE ___________________________________________  DATE

ATTACHMENTS TO APPLICATION

Please submit all the following with this completed application.

☐ Preliminary site plan with a diagram or engineering drawing depicting the design for installation of the proposed small wireless facility or modification, including requirements of Manual on Uniform Traffic Control Devices. TENN CODE §13-24-409(g)(1) [All plans must be accompanied by the following certification by a licensed professional engineer: “The proposed site plan and design plans contained in this application meet or exceed all applicable engineering, materials, electrical, and safety standards, including all standards related to the structural integrity and weight-bearing capacity of the PSS and small wireless facility.”] TENN CODE §13-24-409(g)(6)

☐ Location of each proposed site, including the latitudinal & longitudinal coordinates and shapefiles of the specific location of the site.

☐ Identification of any third party PSS owner upon whose PSS the applicant intends to colocate. (Certification by applicant that it has obtained required approval from the third party PSS owner is attached.) TENN CODE §13-24-409(g)(3)

☐ Brief description of the facility to be installed at each proposed site in the City/County public right-of-way.

☐ For any new aboveground facilities, accurate visual depictions or representations, if not included in the construction drawings.
**TENNESSEE PERMIT APPLICATION FOR PUBLIC RIGHT-OF-WAY, SMALL WIRELESS FACILITY, MICRO-WIRELESS FACILITY, POSSIBLE SUPPORT STRUCTURE ("PSS") AND/OR WIRELESS SUPPORT STRUCTURE INSTALLATION**

City of Johnson City, Tennessee

<table>
<thead>
<tr>
<th>Applicant Location Code</th>
<th>Applicant Site Name/Address</th>
<th>Approve/ Deny</th>
<th>Permit ID Number</th>
<th>Comments (including specific reason for denial, if denied)</th>
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City of Johnson City, Tennessee

### RATE AND FEE SUMMARY:

1. One-time Application Fee: $200.00

2. Small Cell Facility Fee: $100 x _____ (up to five (5) small wireless facilities) + $50.00 x _____ (additional up to 20) = $ ______________

3. Surcharge (optional charge for expedited review of applications for 120/+ facilities) $100 x _____ = $ ______________

**TOTAL APPLICATION FEE:**

= $ ______________

APPLICATION PAYMENT RECEIVED (date): ______________

4. Annual Rate for colocation on Authority-owned PSS (covers access to public right-of-way and colocation)

Total Number of small wireless facilities applied for: ____________ x $100 ($100.00 max. per facility/year) = $ ______________

**ANNUAL RATE PAYMENT RECEIVED (date): ______________**

### DATE REVIEWED: _____ / _____ / ______

REVIEWER: ______________________________

ZONING TECHNICIAN: ______________________________

DATE APPLICATION COMPLETE: _____ / _____ / ______

RECEIPT NUMBER: ______________

### ACTION: This Permit Application shall be processed within the timelines set forth in Tenn. Code Annot. § 13-24-409(b).

_____ APPLICATION COMPLETE

_____ APPLICATION INCOMPLETE (If incomplete for any requested site, City/County must notify Applicant within thirty (30) days of receipt of Application and specifically identify missing information per site in the space below.)

NOTES: [Note when complete if initially incomplete.]

________________________________________

________________________________________

_____ APPROVE PERMIT

_____ DENY PERMIT (If denied for any requested site, City/County must identify each denied site and provide written explanation of the denial in the space below.)

NOTES:

________________________________________

________________________________________

PUBLIC WORKS DIRECTOR (or designee) ______________ Date ______________ Name/Signature/Date ______________