

**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 Spring Hill, 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: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ INDIVIDUAL RECEIVED BY: \_\_\_\_\_

NUMBER OF FACILITIES INCLUDED ON THIS APPLICATION (UP TO 20): \_\_\_\_\_

- New Submission
- Resubmission

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

APPLICANT NAME:	WIRELESS SERVICE PROVIDER (if different from applicant):
COMPANY CONTACT OR REP:	PHONE:
MAILING ADDRESS:	
CITY:	STATE:
ZIP:	EMAIL:
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):	
<input type="checkbox"/> <input type="checkbox"/>	
Is applicant an FCC-licensed provider of wireless services?      Yes      No	
If not, please describe:	

**PROJECT INFORMATION**

NUMBER OF WIRELESS FACILITY SITES:	<b>Number of new PSS to be installed:</b>		
	<b>Number of colocations on existing third-party PSS/on replacement of existing third-party PSS:</b>		
	<b>Number of colocations on existing city-owned PSS:</b>		
	<b>TOTAL</b>		



**>>>FOR CITY OF SPRING HILL STAFF USE ONLY<<<**

**RATE AND FEE SUMMARY:**

1. One-time Application Fee: \$500.00 x \_\_\_\_\_ (up to five (5) small wireless facilities) + \$100.00 x \_\_\_\_\_ (additional up to 20) = \$ \_\_\_\_\_

TOTAL APPLICATION FEE: = \$ \_\_\_\_\_

APPLICATION PAYMENT RECEIVED (date): \_\_\_\_\_

2. 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 \$ \_\_\_\_\_ (\$100.00 max. per facility/year) = \$ \_\_\_\_\_

ANNUAL RATE PAYMENT RECEIVED (date): \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

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

DATE APPLICATION COMPLETE: \_\_\_\_\_

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

APPLICATION COMPLETE       APPLICATION INCOMPLETE

NOTES:

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 PLANNING DIRECTOR (or designee)      Date      Name/Signature

\_\_\_\_\_  
 PUBLIC WORKS DIRECTOR (or designee)      Date      Name/Signature

NOTES: \_\_\_\_\_

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