

# Small Wireless Facilities Application

Revised 11.09.2023

For Internal Use Only	
Date Received from Applicant	Date Returned to Applicant
Date Application Deemed Complete	

**APPLICATION FOR NEW FACILITY AND/OR MODIFICATION TO A SMALL WIRELESS FACILITY**  New Facility (90-day shot clock)  
 Collocation (60-day shot clock)  
*Two (2) complete copies of application packet required.*

1. FACILITY INFORMATION			
Address:		City:	State: ZIP:
Existing Zoning District:	Closest Intersection:	Geographical Coordinates: (LAT) (LONG)	
Application Type: <input type="checkbox"/> Individual <input type="checkbox"/> Batched ( No. ____ of ____ )		Site Designation: <input type="checkbox"/> City Public R.O.W. <input type="checkbox"/> Private Property <input type="checkbox"/> City-Owned Property	
Installation Type: <input type="checkbox"/> Existing/Replacement City-Owned Pole <input type="checkbox"/> Existing/Replacement Third-Party Pole <input type="checkbox"/> New Pole and Facility			
2. FACILITY OWNER			
Name:		Phone Number:	Email:
Mailing Address:		City:	State: ZIP:
3a. APPLICANT INFORMATION			
Applicant Name:			
Company Name:		Phone Number:	Alternate Number: Email:
Mailing Address:		City:	State: ZIP:
Is the proposed small wireless facility located in a Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, STOP, and contact the Shreveport Historic Preservation Commission)			
Will the proposed small wireless facility comply with all applicable federal, state and local codes, laws, and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3b. WIRELESS SERVICE PROVIDER INFORMATION			
Wireless Service Provider (if different than Applicant):			
Company Contact / Representative:		Phone Number:	Alternate Number: Email:
Mailing Address:		City:	State: ZIP:
3c. APPLICANT'S CONSULTANT INFORMATION			
Consultant Company Name:			
Company Contact / Representative:		Phone Number:	Alternate Number: Email:
Mailing Address:		City:	State: ZIP:
<i>*If more than one consultant is acting on behalf of the applicant, please attach names, addresses, telephone numbers, and email addresses to the end of this application.</i>			
4. WAIVER			
Are you requesting a waiver from the requirements of this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a written request as to why a waiver should be granted.)			
5. COLLOCATION ON EXISTING STRUCTURE VS. NEW FACILITY			
Are there other existing or planned facilities at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the proposed facility on a city-owned pole/structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the proposed facility on an existing/replacement third-party (SWEPCO or other) pole/ structure? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, it is advised that you contact SWEPCO or third-party pole owner for a pre-application conference )			
Is the proposed facility in a state or federal right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence of permit from a State or Federal Department)			

<b>6. PROJECT DESCRIPTION</b>						
Provide a brief description of the project:						
<b>7. EQUIPMENT MEASUREMENTS</b>						
<i>Equipment Measurements</i> (in 'ft <sup>3</sup> )						
	Enclosure (ft <sup>3</sup> )	Antenna (ft <sup>3</sup> )	Other Equipment (ft <sup>3</sup> )	TOTAL (ft <sup>3</sup> )	Frequencies to be initially activated (MHz)	Maximum ERP (Watts)
1						
<b>8. ENGINEERING CERTIFICATION</b>						
<p><b>Engineer's Certification:</b> I hereby certify that the radio-frequency (RF) information and the statements submitted in this application and any and all subsequent RF submissions or amendments to the application are true, complete, and accurate to the best of my knowledge and belief, and are made in good faith.</p> <ol style="list-style-type: none"> <li>1. The RF engineering has been performed to the best industry and engineering standards.</li> <li>2. The facility will comply with the maximum permissible RF exposure limits set forth in §1.1310 of the FCC Rules and Regulations.</li> <li>3. The technical information submitted includes technical support/analysis which justifies the proposed height of the antenna mount.</li> </ol> <p>I further certify that I am a qualified engineer with authority to act on behalf of the applicant regarding this certification.</p>						
<b>Name</b> (Please Print):			<b>Title:</b>		<b>Email address:</b>	
<b>Signature:</b>			<b>Phone Number:</b>		<b>Date:</b>	
<b>9. APPLICANT SIGNATURE REQUIRED (TO BE SIGNED IN FRONT OF NOTARY)</b>						
<b>Signature</b> (Applicant):				<b>Title:</b>		
<b>Name</b> (Please Print):				<b>Date:</b>		
<b>10. NOTARIZED SIGNATURE</b>						
<p><b>State of</b> _____ <b>Parish/County of</b> _____</p> <p><b>BEFORE ME</b>, a notary public duly commissioned and qualified in and for the State and Parish/County aforesaid, personally came and appeared _____ [printed Applicant's name] the above signed, who, stated the following: "I hereby certify that I am the responsible person for the purposes of this application; that all information regarding this application herein is true and correct and that I consent to receiving official communications about this application via electronic mail."</p> <p><b>SWORN TO AND SUBSCRIBED before me, this</b> _____ <b>day of</b> _____, 20_____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ <b>Notary Public Signature</b></p> </div> <div style="width: 45%; text-align: right;"> <p>_____ <b>Printed Notary Public Name</b></p> <p>_____ <b>Notary ID Number:</b></p> <p>_____ <b>My Commission Expires:</b></p> </div> </div> <p style="text-align: right; margin-top: 10px;"><i>Notary Seal</i></p>						

*** FOR MPC AND / OR CITY STAFF USE ONLY ***			
<b>Date Application Received:</b>	<b>Date Application Complete:</b> <i>(30-day time clock)</i>	<b>Date of Final Decision:</b> <i>(60-day time clock)</i>	<b>MPC Staff Member Assigned:</b>
<b>Fee Applied:</b>	<b>Receipt Number:</b>	<b>City Staff Member Assigned:</b>	<b>WTF Permit Number:</b> <i>(if applicable)</i>
<b>EVALUATION</b>			
	YES	NO	NOTES
Interferes with pre-existing or planned communication facility.	<input type="checkbox"/>	<input type="checkbox"/>	
Impedes public safety or public service needs.	<input type="checkbox"/>	<input type="checkbox"/>	
Negative aesthetic impact.	<input type="checkbox"/>	<input type="checkbox"/>	
Exceeds size requirements for small wireless facilities.	<input type="checkbox"/>	<input type="checkbox"/>	
Interferes with the safe operation of traffic control equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
Interferes with sight lines or clear zones for transportation or pedestrians.	<input type="checkbox"/>	<input type="checkbox"/>	
Interferes with compliance with the Americans with Disabilities Act or similar federal or state standards regarding pedestrian access or movement.	<input type="checkbox"/>	<input type="checkbox"/>	
Fails to comply with reasonable spacing requirements that apply to other communications service providers and electric utilities in the ROW and that concern the location of ground-mounted equipment and new utility poles. Such spacing requirements shall not prevent a small wireless facility from serving any location.	<input type="checkbox"/>	<input type="checkbox"/>	
Fails to comply with applicable Federal and State laws, regulations and codes.	<input type="checkbox"/>	<input type="checkbox"/>	
Fails to comply with the requirements of Chapter 105 of the City of Shreveport, Louisiana, Code of Ordinances.	<input type="checkbox"/>	<input type="checkbox"/>	
Has all required approvals from all departments, authorities, and agencies with jurisdiction over rights-of-way?	<input type="checkbox"/>	<input type="checkbox"/>	
Has been reviewed by Permits Office for all regulated permits?	<input type="checkbox"/>	<input type="checkbox"/>	
Has all required approvals from all departments, authorities, and agencies with jurisdiction over private property or city-owned property <b>not</b> in the public right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Fails to comply with the provisions of the City of Shreveport Unified Development Code for small cell facilities on private property or city-owned property <b>not</b> in the public right-of-way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<b>ACTION:</b> <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY			
<b>NOTES / CONDITIONS:</b>			
<b>Approval Signature</b> <i>(City Engineer):</i>			<b>Date:</b>