



# SMALL CELL TECHNOLOGY FACILITY PERMIT APPLICATION



Date Submitted: \_\_\_\_\_

Application #: \_\_\_\_\_

Customer Project ID #: \_\_\_\_\_

**NOTE:** This Application is for a permit under the City of Gulfport's "Ordinance Adopting Regulations for Small Cell Technology, Infrastructure, and Facilities in the City of Gulfport, Mississippi." All parts and portions must be completely and accurately filled out, as this will affect a timely and proper review of the Application. Applications are reviewed by the Director of the City's Department of Urban Development or his/her designee, subject additionally to the City's Planning Commission (for new Support Structures) and Building Code and construction permitting processes. The Director may also rely on a review by other City Departments as needed or necessary. **Provide two (2) complete sets of drawings and supporting documents per location.**

Applicant's Full Legal Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Connection with Applicant: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_

Contact Person Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_ Contact Person Mobile No.: \_\_\_\_\_

Name of Contractor Doing Construction/Installation: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor Contact Person: \_\_\_\_\_ Title with Contractor: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_

Contractor Contact E-Mail: \_\_\_\_\_ Contractor Contact Mobile No.: \_\_\_\_\_

Proposed Small Cell Technology / Facility is located:  On Private Property  On City Right-Of-Way / On City Property Not in the Right-of-Way \*

Proposed Small Cell Technology / Facility will be placed on a:  New Support Structure \*\*  Existing Support Structure

**\* Any work occurring in City Right-of-Way is required to be the subject of a permit obtained in accordance with the City's "Street Trenching and Right-of-Way Management Ordinance" (Section 7-250, et seq. of the City of Gulfport's Code of Ordinances).**

If any work is to occur in a City Right-of-Way, an application for a permit under Section 7-250, et seq. of the City of Gulfport's Code of Ordinances ("Street Trenching and Right-of-Way Management Ordinance") is required to be submitted to the City's Urban Development Department. Has such an application been submitted?  YES  NO

**\*\* Wireless small cell facilities that are located on new support structures are required to obtain Planning Commission approval prior to the issuance of a small cell technology facility permit.**

If a wireless small cell facility is to be located on a new support structure, an application for Planning Commission approval must be submitted to the City's Planning Commission. Has such an application been submitted?  YES  NO



# Small Cell Technology Facility Permit Application



**PURSUANT TO THE SMALL CELL TECHNOLOGY FACILITY ORDINANCE, THE FOLLOWING ITEMS MUST MINIMALLY BE ATTACHED TO THIS APPLICATION (IF REQUIRED) (SEE SECTION 4 OF ORDINANCE):**

- Attached (1) A list of names, addresses, telephone numbers, and e-mail addresses of all duly authorized representatives and consultants, if any, acting on behalf of the applicant with respect to the filing of this Application.
- Attached (2) A general description of the equipment, the technology (including, for example, spectrum usage and transmitter power) and the services to be provided by the proposed facilities.
- Attached (3) Site plans and drawings stamped by a duly licensed engineer for each facility depicting the type of facilities, support structure(s), and means and points at which such facilities associated accessory equipment will be attached to a support structure, and a loading analysis statement. These drawings and site survey should be drawn to scale and show existing City utilities (water/sewer/drainage) and any other items on site necessary for City review.
- Attached (4) Map(s) designating with specificity the location(s) of the requested facilities and all other existing or proposed locations within 1,000 feet.
- Attached (5) The geographic coordinates of all antenna(s) and other proposed facilities within 1,000 feet.
- Attached (6) If the facilities will be located within rights-of-way on a support structure that is owned by any entity other than the City or the applicant, a copy of any license, lease, agreement, letter or other documentation evidencing that the owner of that support structure authorizes the facilities to be attached thereto or agrees in principle to authorize that attachment must be provided. Failure to provide this documentation is alone grounds for denial of a permit.
- Attached (7) If the applicant requests permission to place facilities on a new support structure, include the documentation required by this Ordinance to justify a new support structure (for example, documents to show compliance with other requirements contained in this Ordinance shall be met, including, but not limited to, applying for approval from the City's Planning Commission).
- Attached (8) Photo-simulated post-construction renderings depicting the proposed facilities and equipment, including an/all equipment cabinets, ancillary structures, coloration, and landscaping.
- Attached (9) Copies of all required insurance forms (per section 4(D) of the Small Cell Technology Facility Ordinance).
- Attached (10) Franchise agreement (if required).

<input type="checkbox"/>	GPS Location of Proposed Small Cell Technology Facility: Latitude: _____ Longitude: _____
<input type="checkbox"/>	Physical Address: _____ City: _____ State: _____ Zip Code: _____

**ACKNOWLEDGMENT**

By signing this Application, the undersigned (contact person for the Applicant herein) states and affirms that he/she has been duly authorized by the Applicant to submit this Application on its behalf, to act on behalf of the Applicant in connection with this Application, and to bind the Applicant with respect to the representations and statements made in this Application. In addition, the Applicant and undersigned person on its behalf hereby state and affirm that the information contained in this Application is true and accurate and it is further acknowledged that the Applicant must adhere to and comply with all provisions of the City of Gulfport's "Ordinance Adopting Regulations for Small Cell Technology, Infrastructure, and Facilities in the City of Gulfport, Mississippi" as well as any and all other City Ordinances and state and federal laws.

**SIGNED AND ACKNOWLEDGED:** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Date Application Received by Director of Urban Development: _____	
Reviewed By: _____	Permit Fee Amount: _____
<input type="checkbox"/> Permit Approved	<input type="checkbox"/> Permit Denied
<input type="checkbox"/> Application Incomplete	Date Permit Fee Received: _____
Permit Issue Date: _____	Permit Number: _____



CITY OF GULFPORT  
Urban Development - Planning Division  
1410 24th Avenue  
Gulfport, MS 39501  
(228) 868-5710

**APPLICATION FOR  
PLANNING COMMISSION APPROVAL  
SMALL CELL TECHNOLOGY FACILITIES  
WITH NEW SUPPORT STRUCTURES**

**Property Information**

TAX PARCEL #  -  -

(If necessary, use separate sheet of paper for additional parcels or coordinates)

Latitude:

Longitude:

Address of Property Involved: \_\_\_\_\_

General Location: \_\_\_\_\_

**GENERAL DESCRIPTION OF REQUEST:**

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

**OWNERSHIP AND CERTIFICATION:**

*I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or have authorization to act as the owner's agent for the herein described request.*

OWNER

AGENT

Printed Name of Owner

Printed Name of Agent

Mailing Address

Mailing Address

City State Zip code

City State Zip code

Home Phone Work/Cell Phone

Home Phone Work/Cell Phone

Email

Email

Signature of Owner

Signature of Agent

If the property or properties listed above have more than one owner, please check this box. In the case of multiple owners, reverse side must be completed. Each additional owner will need to complete and sign the reverse side of this application. We can only accept applications with original signatures.

**SECTIONS A. THROUGH G. MUST BE SUBMITTED FOR A COMPLETE APPLICATION.**

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

*I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.*

NAME OF OWNER (PRINT) \_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_

TAX PARCEL NUMBER(S) OWNED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF OWNER (PRINT) \_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_

TAX PARCEL NUMBER(S) OWNED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF OWNER (PRINT)

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_

TAX PARCEL NUMBER(S) OWNED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES PERSON/AGENT FOR YOU: \_\_\_\_\_

### IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

### SUBMISSION REQUIREMENTS

- A. **Page one of this application**, completed and signed;
- B. A general **description of the equipment**, the technology (including, for example, spectrum usage and transmitter power) and the services to be provided by the proposed Facilities;
- C. A **notarized statement** that the proposed DAS and/or Small Cell Technology Facility (and associated Accessory Equipment) **shall comply with all applicable codes and regulations**;
- D. **Site plan**. Please note that approval of your request, in part, is based on your site plan;
  - The geographic coordinates of all antennas and other proposed Facilities of the Applicant included in the Application;
  - The property lines and dimensions have been provided on the drawing;
  - All buildings, structures, Facilities, antennas, support structures, enclosures and accessory equipment located on the property have been identified;

- All dimensions of buildings, structures, Facilities, antennas, support structures, enclosures and accessory equipment have been noted on the site plan;
- All distances from the property lines to all the buildings, structures, Facilities, antennas, support structures, enclosures and accessory equipment have been identified and noted on the site plan. If in rights-of-way, distance to property lines and edge of pavement of paved roads;
- Street names have been provided which abut the property;
- Traffic flow, parking and driveways have been identified;
- Required buffer strips have been identified;
- Other pertinent information as needed to pictorially demonstrate the proposed development/use;

E. **Color Elevations**. Please note that approval of your request, in part, is based on the following:

- Color and material of Facility, antennas, support structure, enclosures and accessory equipment;
- Overall height of every building, structure, Facilities, antennas, support structures, enclosures and accessory equipment, measured from closest adjacent grade;
- Height of Facilities, measured from closest adjacent grade;
- Detailed elevation on all sides;
- Photo-simulated post-construction renderings depicting the proposed Facilities and equipment, including any and all Accessory Equipment, equipment cabinets, ancillary structures, coloration, and landscaping;

F. Provide a list of all adjacent structures and buildings and their overall height above closest adjacent grade;

G. Photos of the area in which the Facilities are proposed for placement, including surrounding buildings, properties and uses;

- H. Map(s) designating with specificity the location(s) of the requested Facilities and all other existing or proposed locations of the application by the Applicant within 1,000 feet. If none are located within 1,000 feet, provided notarized letter that there are no small cell technology Facilities and support structures located within 1,000 feet;
- I. The Applicant must have provided the City written evidence that no reasonable collocation opportunity exists. This documentation shall include, but not be limited to, affidavits, correspondence, or other written information that demonstrates that the Applicant has taken commercially reasonable actions to achieve collocation in the requested location or area, that the Applicant has pursued but been denied access to all potential collocation sites in the subject area (and the reasons for any such denial(s)), and otherwise show that the Applicant is unable to collocate on an existing Support Structure, including for technical and other valid reasons;
- J. Proof of ownership (Copy of deed or affidavit);
- K. If applicable, notarized proof of **authority to act as agent** for owner (board resolution, etc.);
- L. If the Facilities will be located within the Rights-of-Way on a Support Structure that is owned by any entity other than the City or the Applicant and which was located or situated there with authority from the City, a copy of any license, lease, agreement, letter or other documentation evidencing that the owner of that Support Structure authorizes the Facilities to be attached thereto or agrees in principle to authorize that attachment;
- M. **Notarized statement** from the applicant that the proposed installation will **not cause harm** to the public or pose any undue risk to public safety and provide supporting documentation (e.g., through a means of industry certified reports for EME exposure limits or disruption of visual site triangles related to traffic, etc.);
- N. If the proposed installation will disturb conditions on the Rights-of-Way, provide a notarized statement attesting whether the applicant has the ability and financial resources to restore the subject area to its preexisting condition following installation. The statement should also mention the Rights-of-Way shall be restored to its pre-existing condition by Applicant/Permittee following any installation or construction;
- O. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified**;
- P. Provide a **written statement** addressing the following issues by explaining how the site plan is appropriate with regard to why the proposal is in harmony with the orderly and appropriate development of the district in which the use is located.

**City of Gulfport**

Zoning Board of Adjustments & Appeals & Planning Commission

**2020 MEETING DATES & APPLICATION DEADLINES**

Zoning Board and Planning Commission meetings are on Thursdays in the Council Chambers at the Gulfport City Hall located at 2309 15<sup>th</sup> Street. Zoning Board meetings begin at 3:00 p.m. and Planning Commission meetings begin at 4:30 p.m. You will be notified by letter of the time and location that your request will be considered.

*Meeting Dates*

<b>Deadline Date</b>	<b>Zoning Board</b>	<b>Planning Commission</b>
<b>December 3, 2019</b>	<b>16-January</b>	<b>23-January</b>
<b>7-January</b>	<b>20-February</b>	<b>27-February</b>
<b>4-February</b>	<b>19-March</b>	<b>26-March</b>
<b>3-March</b>	<b>16-April</b>	<b>23-April</b>
<b>7-April</b>	<b>21-May</b>	<b>28-May</b>
<b>5-May</b>	<b>18-June</b>	<b>25-June</b>
<b>2-June</b>	<b>16-July</b>	<b>23-July</b>
<b>7-July</b>	<b>20-August</b>	<b>27-August</b>
<b>4-August</b>	<b>17-September</b>	<b>24-September</b>
<b>1-September</b>	<b>15-October</b>	<b>22-October</b>
<b>6-October</b>	<b>19-November</b>	<b>19-November</b>
<b>3-November</b>	<b>17-December</b>	<b>17-December</b>

*Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time, and location are subject to change without notice. The remaining dates will be forthcoming.*