## Additional Required Information Related to

## Application for Network Node, Node Support Pole or Transport Facility

This form must be uploaded to <u>https://rowmanagement.dallascityhall.com</u> as part of the Online Right of Way Permit Application Process

## IMPORTANT: Your Application must be submitted through the Online Application Process to be received by the City of Dallas

#### APPLICANT INFORMATION

Address

Company's Legal Name (Owner of Facilities)

| Address                     | City                           |                     | State               | Zip  |  |
|-----------------------------|--------------------------------|---------------------|---------------------|------|--|
| (Area Code) Telephone #     | 24-Hour Emerge                 | ency Phone #        | cy Phone # Email Ac |      |  |
| Contact Person 1            | Title                          | <sup>D</sup> hone # | Email Address       |      |  |
| Contact Person 2            | Title                          | Phone #             | Email Address       |      |  |
| Is your Company authorized  | to do business in the State of | of Texas? (Please   | check one) 🛛 Yes    | 🗆 No |  |
| Under what Authority are yo | u allowed in the Right-of Way  | /?                  |                     |      |  |
|                             |                                |                     |                     |      |  |
|                             |                                |                     |                     |      |  |
| PROJECT INFORMAT            | ION                            |                     |                     |      |  |
| Network Node(s)             | Node Support Pole(s)           | Transport Fac       | erground)           |      |  |
| Colocation on Pole 1        | ype of Pole:                   | Replacement         | Pole Type of Pole   |      |  |
|                             |                                |                     | Fole Type of Fole   | :    |  |
|                             |                                |                     |                     | :    |  |
| CONTRACTOR INFOR            | RMATION                        |                     |                     | ::   |  |
| CONTRACTOR INFOR            |                                |                     | f Contracted Work   |      |  |

# (Area Code) Telephone # 24-Hour Emergency Phone # Email Address

State

Zip

Contact PersonTitlePhone #Email Address

City

Is your Company authorized to do business in the State of Texas? (Please check one) Yes No

Is your Company Registered in the City of Dallas Right-of-Way Management System Yes No (If not, you must register with the City of Dallas Right-of-Way Management System before a Permit is submitted.

## SUBCONTRACTOR INFORMATION

Company's Legal Name (Contractor)

| Address<br>(Area Code) Telephone # 24-Ho |                     | City                      | State Z       |     |  |
|--|---------------------|---------------------------|---------------|-----|--|
|  |                     | 24-Hour Emergency Phone # | Email Address |     |  |
| Contact Person 1                         | tact Person 1 Title |                           | Email Address |     |  |
| Contact Person 2                         | Title               | Phone #                   | Email Addre   | ess |  |

Type of Contracted Work they will perform

Is your Company authorized to do business in the State of Texas? (Please check one)

Provide name, address, and phone number of all subcontractors, and type(s) work to be performed by each subcontractor. No Contractor or subcontractor can work in the Right-of-Way unless they are listed on the Right of Way Permit for the specific project.

## (USE ADDITIONAL SHEETS IF NECESSARY TO INCLUDE ALL SUBCONTRACTORS)

## INFORMATION TO BE INCLUDED WITH ONLINE SUBMISSION

Furnish the following:

All Information required by the City of Dallas Design Manual, including but not limited to Sections 12, 13, and 14.

Advanced Approval for sites located in Design Districts with Decorative Poles, Underground Districts or Historic Districts

## ADDITONAL INFORMATION

| What Type of Pavement:      | Street       | □ Curb and Gutter                 | □ Alley    |          |  |
|-----------------------------|--------------|-----------------------------------|------------|----------|--|
|                             | □ Sidewalk   | <ul> <li>G BFR □ Drive</li> </ul> | e Approach | □ Other: |  |
| Will Traffic Lane or Sidewa | lk Closure o | r Blockage Be Requi               | red? Yes   | No       |  |

 What Type of Closure:
 Street Lanes
 Number of Lanes (existing):
 Proposed closed lanes:
 \_\_\_\_\_

 Alley Closure (Coordination and approval required with Sanitation Department)
 Sidewalk Closure

If traffic lane or sidewalk closure is required, a detailed traffic control plan or temporary street closure plan is required. The plan must be submitted with the Right-of Way Permit and Traffic Control Approval through the City of Dallas On Line Bight of Way Management System at https://reumanagement.dollasit.bell.com

of Dallas On-Line Right-of-Way Management System at https://rowmanagement.dallascityhall.com

## APPLICATION FEE CALCULATION

Must submit a Mechanically Printed Company Check or Cashier's Check for the Applicable Application Fee.

Number of Network Support Poles Submitted: \_\_\_\_\_\_ (\$1000 each) \$1000 x \_\_\_\_ = \$\_\_\_\_

Total Fee Submitted: \$\_\_\_\_\_

## WHERE TO PAY APPLICATION FEE

Fees and this form shall be submitted in person to:

320 East Jefferson Blvd., Room 321, Dallas, Texas 75203 Telephone: 214-948-4290

Application Fee shall be paid before uploading this form to https://rowmanagement.dallascityhall.com

| LOCATIONS FOR WHICH APPLICATION FEE PAID                |                          |                 |  |  |  |  |  |  |
|---|--------------------------|-----------------|--|--|--|--|--|--|
| <ul> <li>✓ if New Node</li> <li>Support Pole</li> </ul> | Network Node 911 Address | GPS Coordinates |  | ✓ if Pursuant to a Master Pole<br>Attachment Agreement |  |  |  |  |
| ••  |                          |                 |  |  |  |  |  |  |
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|   |                          |                 |  |  |  |  |  |  |

INTERNAL USE ONLY

[FEE PAID STAMP]

FEE RECEIVED BY\_\_\_\_\_

The undersigned authorizes the City of Dallas to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information, or false information on this form or related attachments may result in denial.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE RIGHT-OF-WAY MANAGEMENT ORDINANCE AND OTHER PERTINENT ORDINACES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION IT WAS PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGHT\_OF\_WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES, OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

#### SIGNED:

| Facility Owr | ner: (Company                | Name)      |          |             |    |      |     |            |          |
|--------------|------------------------------|------------|----------|-------------|----|------|-----|------------|----------|
| By (Authoriz | zed Represent                | ative): (S | Signatur | e)          |    |      |     |            |          |
| Authorized   | Representative               | e Printed  | Name:    |             |    |      |     |            |          |
| Title:       |                              |            |          |             | Te |      |     |            |          |
|              |                              |            | ACK      | NOWLEDGMENT |    |      |     |            |          |
|              | TE OF TEXAS<br>INTY OF DALLA | AS         |          | §<br>§      |    |      |     |            |          |
|              | BEFORE                       | ME,        | the      | undersigned | on | this | day | personally | appeared |

(Names and Titles), and attested that they are authorized to sign on behalf of the companies as shown above and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Companies as shown above, and that such capacity makes their signatures valid and binding to said Companies.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

NOTARY OF PUBLIC,

Notary Public, in and for the State of Texas.