

EXHIBIT A

Application for Communication Antenna Facilities Permit (CAP)
Application for Communication Antenna Facilities Permit & License (CAP+License)

1/9/18 version ~ Subject to change

Applications for Communication Antenna Facilities ("Facilities") in the public Right-of-Way.

Please Note: Submittal of false information will result rejection of the Application and/or rescission of associated CAP / CAP+License.

Please read the following information before proceeding.

| |
|--|
| <ul style="list-style-type: none"> Field Marks with * are required |
| <ul style="list-style-type: none"> An Application submitted by anyone other than the Facilities owner must be accompanied by a certification verifying applicant is an authorized representative of the Facilities owner. |
| <ul style="list-style-type: none"> The specified number of sheets must be accurate or the Application may not be accepted. |

(A) Application

| |
|--|
| * Request location for (Please check all the boxes that apply for the location): |
| <input type="checkbox"/> Attachment to Utility Pole |
| <input type="checkbox"/> Attachment to City-owned Infrastructure |
| <input type="checkbox"/> Upgrade of Existing Facilities |
| <input type="checkbox"/> Number of Sheets |

(B) Applicant Information

| | | |
|------------------------------------|---|---|
| * Applicant Type | <input type="checkbox"/> Facility / Company personnel | <input type="checkbox"/> Consultant / Authorized Representative |
| *Applicant Name | | |
| *Mailing Address | | |
| City | State | Zip |
| * Phone Number | *Email Address | |
| Engineer of Record (If applicable) | | |
| *Phone Number | *Email Address | |
| Fax Number | *Emergency Contact Number | |

(C) Facilities Owner Information

| | | | |
|-----------------|-------------------------------------|--------------------------------------|---|
| * Type: | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Applicant is Owner |
| *Entity Name | | | |
| Mailing Address | | | |
| City | State | Zip | |
| *Phone Number | *Email Address | | |
| Fax Number | * Emergency Contact Number | | |

(D) Requested Location

| | | |
|--|------------------------------|-----------------------------|
| *GIS Coordinates | *City Pole ID # | |
| *Street Number (provide closest number) | | |
| Address | Zip Code | |
| *Is requested location within 300 feet of a Historic building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Is requested location within 300 feet of another pole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Is requested location within 300 feet of a school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Is requested location within 300 feet of a hospital / medical facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Is requested location within 300 feet of an Existing Facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(E) Pole Description

| | | |
|------------------------|---------------------|---------------|
| * Pole type | *Name of pole owner | |
| *Pole dimension (feet) | Height | Circumference |

(F) Existing Facilities Attached to the Pole

| | | | | |
|---|----------------------------------|--|-------|--|
| * Facility Type | <input type="checkbox"/> Carrier | <input type="checkbox"/> Neutral-Host Provider (if selected, complete Section H) | | |
| *Number of Facilities attached to the Pole: | | | | |
| Dimensions of Proposed Facilities (Antenna) | Height | Width | Depth | |
| Dimensions of Proposed Facilities (Enclosure Box 1) | Height | Width | Depth | |

| | | | |
|---|--------|-------|-------|
| Dimensions of Proposed Facilities (Enclosure Box 2) | Height | Width | Depth |
| Backhaul Type and Provider | | | |
| FCC License # (if any) | | | |

(G) Power & Communication Connection(s)

| | | | |
|----------------------------------|--------------------------------------|---------------------------------|-------|
| Power connection | <input type="checkbox"/> Underground | <input type="checkbox"/> Aerial | |
| Power connection type | | | |
| Communication connection | <input type="checkbox"/> Underground | <input type="checkbox"/> Aerial | |
| Communication connection type(s) | | | |
| Proposing New Junction box(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Number of Junction box(s) | | | |
| Dimensions of Junction box # 1 | Height | Width | Depth |
| Dimensions of Junction box # 2 | Height | Width | Depth |

Permission

| |
|---|
| Permission for use of Utility Poles |
| <input type="checkbox"/> If applicant is installing, modifying, or removing Facilities from a Utility Pole, applicant certifies that s/he has permission from the Utility Pole owner. A copy of the agreement or permission from the Utility Pole owner has been provided and will be attached to this Application. |
| License Agreement for use of City-owned Infrastructure |
| <input type="checkbox"/> Applicant certifies that s/he has permission from the City to attach to City-owned Infrastructure under the Communication Antenna Facilities Master License Agreement (“Agreement”) for the purposes specified therein. |
| |
| |