

EXHIBIT B

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

1/9/18 version ~ Subject to change

Applications regarding existing Communication Antenna Facilities ("Existing Facilities") in the public Right-of-Way

Please Note: Submittal of false information will result in 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. The specified number of sheets must be accurate or the Application may not be accepted.

(A) Application

* Existing Facilities attached to (Please check all the boxes that apply for the location):
<input type="checkbox"/> Utility Pole <input type="checkbox"/> City-owned Infrastructure

(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	
*Emergency Contact Person(ECP) (If different than the applicant)		
*ECP Phone Number	*ECP Email Address	

(C) Facilities Owner Information

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

(D) Pole Location

*GIS /GPS Coordinates: (x):	(y):
*City Pole ID #	*Company's Pole/Node ID #
*Street Number (provide closest house number / closest Intersection)	
Address	Zip Code

(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 Existing Facilities # 1	Height	Width	Depth	
Dimensions of Existing Facilities # 2	Height	Width	Depth	
Dimensions of Existing Facilities # 3	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)			
Existing 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 for Existing Facilities** (Applicant must select at least one (1) of the following)

Authorization from the Utility Pole owner for use of Utility Pole(s) located in the public ROW
<input type="checkbox"/> Applicant certifies that s/he has proof of Utility Pole owner’s permission for placement of Existing Facilities on the Utility Pole, as specified. A copy of the agreement or permission from the Utility Pole owner has been provided and will be attached to this Application.
Authorization from the City for Existing Facilities located in the public ROW
<input type="checkbox"/> Applicant certifies that s/he has proof of City’s permission for placement of Existing Facilities on City-owned Infrastructure, as specified. A copy of the agreement or permission from the City has been provided and will be attached to this Application.