

City of Galva Permit Division 311 N. W. 4th Avenue Galva, IL 61434 Phone (309) 932 - 2555 Fax (309) 932 - 3306

SMALL WIRELESS FACILITIES PERMIT APPLICATION					
APPLICANT INFORMATION					
Applicant Name:			Date:		
Applicant is a: Carrier/Wireless Provider Representative Other:					
Company Name:					
Address:					
City:	State:		ZIP Code:		
Phone:	Email:				
	PROPOSED S	SITE LOCATION			
Property Address:					
City:	State:		ZIP Code:		
Closest Intersection (Distance and Direction from):					
EXISTING POLE/STRUCTURE INFORMATION					
New Pole/Structure Construction? Yes	□ No □				
Pole/Structure ID Number:	Height of Pole/Structure (feet):		Pole Color:		
Existing Attachment(s) on Pole/Structure? (e.g., banners, light fixtures) Yes No					
Existing Structure Owner:					
Name of Structure Owner Representative:					
Address:					
City:	State:		ZIP Code:		
Phone:	E-mail:		Fax:		
PROPERTY OWNER INFORMATION					
In the event that the proposed small wireless facility is to be attached to an existing pole owned by an entity other than the City, the wireless provider shall provide legally competent evidence of the consent of the owner of such pole to the proposed collocation. Permission has been granted by property owner? Yes No					
Name:					
Address:					
City:	State:		ZIP Code:		
Phone:		Email:			



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APPLICATION REQUIREMENTS					
The following documents must be attached or included for the Application to be complete:					
Application fee(s)					
Site specific structural integrity, AND for a municipal utility pole Make-ready analysis prepared by a sengineer					
The location where each proposed small wireless facility or utility pole would be installed					
Photographs of the proposed site location and its immediate surroundings					
Specifications and drawings prepared by a structural engineer for each proposed small wireless facility					
The equipment type and model numbers for the antennas and all other wireless equipment associated with the small wireless facility					
A proposed schedule for the installation and completion of each small wireless facility, if approved					
Proof of permission granted by property owner, if existing pole not owned by the City					
ATTESTATION, ACKNOWLEDGMENT & SIGNATURE					
I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate. To the best of my knowledge, I certify that the proposed collocation complies with the terms of the "Collocation Requirements and Conditions" Section of Galva's Small Wireless Facility Deployment Ordinance.					
Signature of Applicant:	Date:				
Printed Name of Applicant:	Title:				
FOR ADMINISTRATIVE USE ONLY					
Date Application was submitted:					
Application is:					
If incomplete, date the Applicant was notified:					
Missing documents or information:					