



## CITY OF WESLACO

### Small Cell Network Provider Application for Permit Under Ch. 284

*The fee for reviewing this application is \$500 for the first five (5) network nodes, \$250 for each additional node, and \$1,000 per pole. The applicant may incur additional fees if the prescribed amounts do not provide adequate compensation for the reasonable costs of processing this application.*

**Are you claiming Network Provider status under Chapter 284 of the Texas Local Government Code?**  Yes  No If yes, go to next question. If no, follow the normal permitting process.

**Are you:**

a wireless provider

a person that is not an electric utility but builds or installs on behalf of a wireless service provider network nodes, node support poles, or any other structure that supports or is capable of supporting a network node

**Will the project only encompass activities from the following list:**  Yes  No

- Routine maintenance that does not require excavation or closing of sidewalks or vehicular lanes in a public right-of-way
- Replacing or upgrading a network node or pole with a node or pole that is substantially similar in size or smaller that does not require excavation or closing of sidewalks or vehicular lanes in a public right-of-way
- Installing, placing, maintaining, operating or replacing micro network nodes that are strung on cables between existing poles or node support poles, in compliance with the National Electrical Safety Code

**If no, complete the following:**

**Provide a description of the network nodes and/or data transportation services to be installed under this permit:** \_\_\_\_\_

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**Please provide the following information regarding the equipment to be installed under the ROW permit:**

1. Number of Network Nodes to be installed in the Weslaco ROW (Total) \_\_\_\_\_
  - a. Number of Nodes to be located on Municipally Owned Utility Poles \_\_\_\_\_
  - b. Number of Micro Network Nodes to be located between Poles \_\_\_\_\_
  - c. Other Network Nodes to be installed in the ROW \_\_\_\_\_
  - d. GIS Coordinates \_\_\_\_\_
  - e. Zoning District \_\_\_\_\_
  - f. Name of Historic District \_\_\_\_\_
  - g. Name of Pole Owner \_\_\_\_\_
  - h. Number of Antennas \_\_\_\_\_
  - i. Height of Attachment \_\_\_\_\_
  - j. Location of Equipment Shelter \_\_\_\_\_
  - k. Pole Type \_\_\_\_\_
  - l. Backhaul Solution \_\_\_\_\_
  - m. Operating Frequencies \_\_\_\_\_

**Please provide a list of Nodes with your Unique Identifier per Node with its location.**

2. Number of Node Support Poles which your company will install in the ROW \_\_\_\_\_

3. Will the Network Nodes have wireless or wireline data transport services?

\_\_\_\_ Wireline

\_\_\_\_ Wireless

4. When do you anticipate the Network Nodes will be in service? \_\_\_\_\_

5. How many network nodes will be installed in/on any of the following?

a. Historic District \_\_\_\_\_

b. Design or Overlay District \_\_\_\_\_

c. Municipal Park \_\_\_\_\_

d. Decorative Poles \_\_\_\_\_

e. In an area of the City with Underground Requirements \_\_\_\_\_

f. Adjacent to a street or thoroughfare that is: \_\_\_\_\_

- Not more than 50 feet wide; and
- Adjacent to single-family residential lots or other multifamily residence;  
or
- Undeveloped land that is designated for residential use by zoning or deed restrictions

6. Please describe the effect that the node or pole will have on the following aspects of the proposed location:

a. Traffic flow and safety: \_\_\_\_\_

\_\_\_\_\_

b. Pedestrian mobility: \_\_\_\_\_

\_\_\_\_\_

c. Public Safety: \_\_\_\_\_

\_\_\_\_\_

d. Aesthetic compatibility with existing land uses: \_\_\_\_\_

\_\_\_\_\_

e. Impact on future development and land uses: \_\_\_\_\_  
\_\_\_\_\_

**Please attach all documents created or used by the applicant in answering the preceding question.**

**7. Please provide maps and drawings showing the location and design of the installation and where the listed factors are impacted.**

**8. Please provide contact information and a billing address for bills under Ch. 284.**

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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