



Network Node Support Pole Combination Pole
 Transport Facility Wi-Fi

AUSTIN TRANSPORTATION DEPARTMENT USAGE APPLICATION

COMPLETE APPLICATION IN ITS ENTIRETY, UPLOAD TO PERMIT SUBMITTAL <https://abc.austintexas.gov>

DATE RECEIVED:		REVISION DATES:	
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SITE INFORMATION

ATD SIGNAL ID:		Site Name:	
Address:	Primary Street:	Cross Street:	
Corner:	NE SE SW NW	Adjacent Property Zoning:	
City:		County:	State: Zip:
Latitude (NAD 83):		Longitude (NAD 83):	
Existing Pole Type:		AMSL:	
Existing Pole Height (AGL):		Available RADs:	
Support Pole Height:		Support Pole Class:	
Support Pole Type:		Support Pole Depth:	
Support Pole Latitude:		Support Pole Longitude:	

EQUIPMENT OWNER INFORMATION

APPLICATION TYPE: NEW LICENSE AMENDMENT TO EXISTING LICENSE

DESIRED INSTALL DATE:	
Node Owner Name:	PROPOSED ON AIR DATE:
Node Owner Site Name:	Primary Contact Name:
Node Owner Site ID:	Company Name:
Node Owner Project No.:	Contact Number:
<input type="checkbox"/> ATD Pole Attachment Agreement Executed?	Email Address:

CARRIER INFORMATION

APPLICATION TYPE: NEW LICENSE AMENDMENT TO EXISTING LICENSE SAME AS EQUIPMENT OWNER

DESIRED INSTALL DATE:	
Carrier Name:	PROPOSED ON AIR DATE:
Carrier Site Name:	Primary Contact Name:
Carrier Site ID:	Company Name:
Carrier Project No.:	Contact Number:
<input type="checkbox"/> ATD Pole Attachment Agreement Executed?	Email Address:

CONTACT INFORMATION

(SUPPLEMENT POINT OF CONTACTS FOR APPLICATION INFORMATION)

Company Name	
Provider Permit Contact:	Phone Email
Provider Construction Contact:	

Provider Billing Contact:			
Provider Emergency Contact:			
Provider RF Contact:			
COA ROW MGMT Contact:	Ryan Mooney	512-974-2482	ryan.mooney@austintexas.gov
COA Arterial MGMT	Chris Dixon	512-974-4052	chris.dixon@austintexas.gov
PAZ Contact:	Anne Milne	512-974-2868	anne.milne@austintexas.gov
Other:			

LEASING INFORMATION

Entity Name to Appear on License:					
Signatory Name:					
Signatory Title:		Tax Identification Number:			
Corporate Mailing Address:		State Incorporated:			
Notice Mailing Address:		City:		State:	Zip:
Billing Mailing Address:		City:		State:	Zip:
		City:		State:	Zip:

POWER/TELCO REQUIREMENTS

POWER PROVIDED BY:	<input type="checkbox"/> Utility Company DIRECT	<input type="checkbox"/> Austin Energy PROVIDED (submit ESPA to Austin Energy for power service)
Average Monthly Power Consumption (KWH units):		
TELCO/INTERCONNECT REQUIREMENTS:	<input type="checkbox"/>	
LIT FIBER (Provider: _____)	<input type="checkbox"/>	
DARK FIBER (Provider: _____)		
COMMENTS:		

ANTENNAS AND TRANSMISSIONS REQUIREMENTS

ANTENNAS

EQUIPMENT

Desired Antenna Centerline (FT AGL):					
Antenna Quantity (per sector):	ANTENNA 1	ANTENNA 2	ANTENNA 3	MICROWAVE	GPS
Azimuth/Direction of Radiation (degrees):					
Antenna Type:					
Height at BASE of Antenna:					
Height at CENTERLINE of Antenna:					
Height at TIP of Antenna:					
Antenna Dimensions (HxWxD) (inches):					
Antenna Weight (lbs per antenna):					
Antenna Mount Type:					
Antenna Manufacturer:					
Antenna Model (include spec sheet):					
Antenna Gain					
Tower Mount Amplifiers (TMA) Quantity					
TMA Manufacturer					
TMA Model					
TMA Dimensions (HxWxD) (inches):					

Total weight of all equipment, including enclosure, to be mounted on pole (lbs):					
Attachment Method					
Height of top of antenna/shroud above ground level (feet)					
Distance between bottom of antenna/shroud and mast arm (inches)					
Upper Shroud Dimensions (HxWxD) (inches):				Cubic Ft:	
Lower Shroud Dimensions (HxWxD) (inches):				Cubic Ft:	

TRANSMISSION

TRANSMITTERS

Line Type:	ANTENNA 1	ANTENNA 2	ANTENNA 3	MICROWAVE	AUX
Transmission Line Quantity:					
Line Diameter/Size: (inches)					

TRANSMIT-RECEIVE-FREQUENCY

EQUIPMENT

TX Frequency	EQUIPMENT 1	EQUIPMENT 2	EQUIPMENT 3	MICROWAVE	AUX
RF Frequency					
Transmitter/Receiver Quantity:					
Transmitter/Receiver Type:					
Transmitter/Receiver Technology Type:					
Transmitter/Receiver Manufacturer					
Transmitter/Receiver Model:					
ERP (Watts)					
Transmitter Dimensions (HxWxD) (inches):					
Electric Service Required (Amps/Volts)					
Using UNLICENSED Frequencies?					

ENCLOSURES

Pole mounted dimensions (HxWxD)					
Ground mounted dimensions (HxWxD)					

POLES

ATD Pole Type					
Pole Loading Analysis Approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Photo of specific Pole Included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Combination Signal/Small Cell Pole Proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If Combination Pole proposed, what type:					

Wi-Fi

EQUIPMENT

Wi-Fi Latitude:					
Desired Wi-Fi Centerline (FT AGL):		Wi-Fi Longitude:			
Wi-Fi Quantity (per sector):					
Azimuth/Direction of Radiation (degrees):					

