



# City of Stafford

2610 South Main  
Office Number (281) 261-3940

Stafford, Texas 77477  
Fax Number (281) 261-3939

## Public Works Department Right of Way Permit Application For Wireless & Telecomm Facilities

Please fill out information completely.

Applications can be emailed to:  
ROW@Staffordtx.gov

### REQUIRED WITH SUBMITTAL

Application filled out and signed  
 Owner letter authorizing applicant to apply and do work on their behalf  
 Copy of State issued Certificate of Franchise Authority  
 Set of Plans with Traffic Control Plan  
 Letter of approval from Utility Company or Property Owner (if applicable)  
 Contractor Registration  
 Liability Insurance for \$500,000.00  
 Bond/Letter of Credit for min. \$50,000.00 (*for appropriate bond language, see ORD-1445, SEC.78-197*)  
 Right of Way Fees or Proof of paid fees under Local Gov't Code 283/Chapter 66 Utilities Code

### SECTION 1 - APPLICANT INFORMATION

Facility/Utility Owner:		Date:	
Address:	City:	State:	Zip:
Phone:	Email:		
Applicant:	Name of Company:		
Phone:	Email:		
Contractor Performing Work:	Name of Company:		
Phone:	Email:		
Emergency Contact 1:	Phone:		
Emergency Contact 2:	Phone:		
<b>Signature on page 3-Required</b>			

**SECTION 2 – SCOPE OF WORK**

Work to be completed:	Installation	Modification	Replacement/Repair
Type & Number of Facilities associated with this permit			
Network Node: _____		Node Support Pole: _____	
Antenna or Macro Tower: _____		Pole: _____	
Transport Facility: _____		Fiber/Cable: _____	
Project Start Date:		Approximate Completion Date:	
Site Address:			
Longitude and Latitude:		Valuation of Work:	
Summary of Work: (Include closest cross street)			
Is the proposed work in any of these locations? :			
Highway Right-of-way		School	
Historic/Design Area		Residential area	
Park		Underground area	

**SECTION 3 – PERMIT & RIGHT OF WAY FEES**

Construction Fee:				Registration Fee: (per year unless otherwise noted)			
QTY		AMOUNT	TOTAL	QTY		AMOUNT	TOTAL
1	1.5% of estimated work				Transport Facility per Month	\$28.00	
<b>OR</b>					Network Node	\$250.00	
	Transport Facility Node/ Network Nodes less than 5	\$500.00			City Service Pole (if applicable)	\$20.00	
	Additional Nodes	\$250.00			Node Service Pole	\$250.00	
	Node Support Poles <small>See Node Support Pole definition in Ordinance 1145</small>	\$1,000.00					
<b>Total</b>				<b>Total</b>			
Total fees to be paid at time of Permitting:							
\$ _____ + \$ _____ = \$ _____ Construction Permit Fee      ROW Registration Fee							

<p>THIS IS TO CERTIFY THAT I, AS THE APPLICANT, CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT IF THE ABOVE INFORMATION IS FOUND TO BE INCORRECT, THE APPLICANT SHALL BE REQUIRED TO MODIFY ITS FACILITIES TO COMPLY WITH ANY ADDITIONAL REQUIREMENTS OF A LOCATION. THE APPLICANT SHALL BEAR ALL EXPENSES AND LIABILITY FOR THESE MODIFICATIONS</p> <p>UNLESS OTHERWISE PRECLUDED BY LAW, \$200 FOR ANY OTHER RIGHT-OF-WAY CONSTRUCTION PERMIT</p> <p>REGISTRATION FEE IS DUE AND PAYABLE ANNUALLY ON JULY 31<sup>ST</sup> OF EACH YEAR UNTIL (I) FACILITIES ARE REMOVED FROM ROW AND WRITTEN NOTICE PROVIDED TO THE CITY (II) THE FACILITIES ARE NO LONGER OWNED BY THE APPLICANT ON THE MOST RECENT REGISTRATION AND NEW OWNER(S) ARE PROVIDED TO THE CITY</p> <p><b>AS BUILT REQUIRED UPON WORK COMPLETION FOR BOND RELEASE</b></p>		
	Name (printed)	
	Title	
	Signature	Date

FOR OFFICE USE ONLY		
1 <sup>ST</sup> SUBMITTAL DATE	2 <sup>ND</sup> SUBMITTAL DATE	3 <sup>RD</sup> SUBMITTAL DATE
PICK-UP DATE/NAME	PICK-UP DATE/NAME	PICK-UP DATE/NAME
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied
Comments by Reviewer: _____ _____ _____		