## TOWN OF BELMONT DEPARTMENT OF COMMUNITY DEVELOPMENT

## SMALL CELL LICENSE APPLICATION

For new requests starting January 2019

This Small Cell License Application (Application) is subject to the regulations set forth in the Board of Selectmen Regulations for Grants of Location in the Public Way. All capitalized defined terms are set forth in the regulations. See The Town of Belmont Small Cell License Application Instructions for further detail. If this Application is approved, the Licensee will be required to execute a Form Small Cell License Agreement.

Please complete this Application and send it along with the required information and the applicable fee to:

TOWN OF BELMONT pgarvin@belmont-ma.gov

## APPLICANT, PROPOSED LICENSEE (EQUIPMENT OWNER/OPERATOR), AND INSTALLER INFORMATION

**Proposed Licensee** (Equipment Owner/Operator)

1. Legal Name

Contact Information (include name, title, mailing address, e-mail address, and telephone numbers)

d/b/a

- 2. Authorized Signatory(-ies) (who will sign the license on behalf of the equipment owner/operator?) contact Information (include name, title, mailing address, e-mail address, and telephone numbers):
- 3. Proposed Licensee (Equipment Owner/Operator) Billing Department contact Information (include name, title, mailing address, e-mail address, and telephone numbers):
- 4. Proposed Licensee (Equipment Owner/Operator Legal Notice recipient(s) contact information (include name, title, mailing address, e-mail address, and telephone numbers):
- 5. Proposed Licensee's Equipment, Location or System Manager (day-to-day contact after install?) contact information (include name, title, mailing address, e-mail address, and telephone numbers):

App	licant (if different from the Equipment Owner/Operator/ Licensee)					
6.	Legal Name of Applicant and Contact Information (name, title, mailing address, e-mail address, and telephone numbers)					
7.	Affiliation with equipment owner/operator $\square$ consultant $\square$ site acquisition company $\square$ counsel/attorney $\square$ other:					
8.	Will there be other entities such as maintenance companies, consultants, affiliates, who will control or have access to the owner/operator equipment? $\Box$ Yes $\Box$ No If yes, name such entities:					
Inst	aller/Contractor and Subcontractor(s) Information					
9.	Name and Title and Contact Information (name, title, mailing address, e-mail address, and telephone numbers)					
10.	Name and Title and Contact Information (name, title, mailing address, e-mail address, and telephone numbers)					
11.	Equipment Owner/ Operator on-site representative, if any, and Contact Information (name, title, mailing address, e-mail address, and telephone numbers)					
	LOCATION, STRUCTURE AND EQUIPMENT INFORMATION					
Righ	nt-of-Way Information					
12.	Name /City /Town:					
13.	Longitude/Latitude (use only Google Maps coordinates):					
14.	What else is in the Right-of-Way? (Attach information).					
15.	Will the Small Cell or Structure be located in an area subject to Massachusetts Endangered Species Act or Natural Heritage and Endangered Species Protection?					
	□ Yes □ No					

16. Will the Small Cell or Structure be located in an area subject the Massachusetts We Protection Act?					
	□ Yes	□ No			
17.	Will the Small Cell or Structure be located in, on, or within twenty feet (20') of a Structure or Location that is listed in the Inventory of the Archeologic and Historic Assets of the Commonwealth?				
	□ Yes	□ No			
Stru	icture Inform	ation			
18.	Will this be u	use of an:			
		ing Structure(s), i.e., no new excavation, no disturbance of existing concrete; xisting pole, use of existing conduit, existing cabinets and/or in-ground or			
		ucture(s), i.e., new excavation, new concrete, new pole, new cabinets or inhandholds, new conduit installed.			
19.		ure owned by the Town of Belmont? (Does not include Belmont Municipal rtment property.)			
	☐ Yes ☐ N	o is the Structure owner/operator?			
		ch proof of collocation or attachment approval. If none exist, any license will be contingent on receiving structure owner approval.			
Pro	posed Equipn	nent Information			
20.	Proposed Eq	uipment Detail – Attach or include all required information.			
21.	What is on the existing Structure now (i.e., other users equipment, cameras, signage, shields, banner holders, etc.) - – Attach or include all required information				
22.		ting or new Structure support the proposed equipment? Please attach ar up-to-date structural analysis.			

23.	Is there exi	sting conduit that is intact o	or will new conduit be requ	ired?			
	☐ Yes For both ol status infor	d and new conduit, please a	attach conduit ground plan	with length, width and			
24.	Will there b	pe new cabinets, in ground h	nandholds, etc. required?				
	□ Yes	□ No					
	Please atta	ch any reports or drawings	showing Subsurface Utility	Engineering reviews.			
Con	struction an	d Location Rehabilitation					
25.	What is the proposed construction timeline? – Please attach a construction timeline with weekly or monthly intervals.						
26.	Traffic Management Plan (TMP). Please submit information concerning the type of traffic management plan to be employed for the type of work taking place.						
		OTHER APPRO	VALS AND PERMITTING				
27.	7. Please list all such other certificates, permits, licenses and approvals that will be sought including agency or entity, type of approval required and sought, dates filed, and status. In some cases Town of Belmont must sign off on the application as property owner. Applications requiring such sign off shall be provided with this License Application and will be returned to the Applicant within the review period.						
	_	Type of Approval	Date filed				
	Agency	required and sought	Copy of application sent to Town of Belmont	Status			
	<mark>MHC</mark>	Determination letter	to rown or bennont				
	Dig Safe	<u>Number</u>					
			†	†			

**FEES** 

Application Fees (non-refundable):

i. For a License Application seeking to install up to five (5) Small Cells on existing

Structures in Town of Belmont Rights-of-Way (no new excavation, no new pole, no new in ground conduit cabinet or in ground cabinet or handhold) the fee is \$500;

- ii. For a License Application seeking install more than five (5) Small Cells on existing Structures in Town of Belmont Rights-of-Way the fee is \$500 for the first 5 Small Cells plus \$100 for each additional Small Cell;
- iii. For a License Application seeking to install a new Structure the fee is \$1,000.

## Annual Fee:

- I. Licensee shall pay \$270 annually to Town of Belmont for each Small Cell on Town of Belmont owned Structures. (Does not include Belmont Municipal Light Department. Those fees are covered under a separate agreement.)
- II. Licensee shall pay \$100 annually to Town of Belmont for each Small Cell on non-Town of Belmont owned Structures.

Checks shall be made payable to the "Town of Belmont" for the appropriate fee and must accompany this Application. Fees are non-refundable. Electronic payments for annual license fees may be arranged.