



SMALL CELL WIRELESS FACILITIES PERMIT APPLICATION

MACOMB COUNTY DEPARTMENT OF ROADS

117 S. Groesbeck Highway, Mt. Clemens, MI 48043

Phone: 586-463-8671 Fax: 586-463-4277

MCDR Application No. _____

MCDR Permit No. _____

MCDR Date Issued: _____

APPLICANT INFORMATION

An applicant is defined as an owner or authorized representative of a wireless service provider or wireless infrastructure provider who applies for a **permit to construct, operate, use, and/or maintain a wireless facility, utility pole or wireless support structure** within the right-of-way for the purpose outlined within the application. An authorized representative who makes application on behalf of the owner of the wireless facility, utility pole or wireless support structure must provide documentation of authority to apply for a permit.

Applicant Job No. _____

APPLICANT	Company Name:		AUTHORIZED REPRESENTATIVE	Company Name:	
	Company Address:			Company Address:	
	Phone No:	Cell No:		Phone No:	Cell No:
	Fax No:			Fax No:	
	Email Address:			Email Address:	

I the Applicant/Representative request a permit for the following work within the right of way of Macomb County Department of Roads:

Plans and specifications Y N Proof of insurance Y N Self Insured Y N

MCL 224.19b (Telecom. or Video Services Providers) Y N MCL 224.19b (Disturbance of ROW) Y N

Antennas Y N Facilities Y N Wireless Support Structure Y N

Poles, New Y N Pole by Others, New Y N No. of New Poles _____

Colocation Utility Poles Y N Colocation MCDR Poles Y N Make Ready Request (MRR) Y N

No. of Colocation Utility Poles _____ No. of Colocation MCDR poles _____ MRR Responsibility Utility MCDR

City/Township Approval Y N Max. Pole Height 40 Feet Y N

Is small cell wireless facility located within 50 feet of Traffic Signals? Y N

Location: County Road _____ Between _____ And _____

City/Township _____ Section _____ T _____ R _____ Side of Road _____ Property ID _____

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

MCDR Use Only:

Routing _____
