



# CITY OF PORT ORCHARD

## Permit Center

Office located at 720 Prospect Street  
Mailing address: 216 Prospect Street  
Port Orchard, WA 98366  
(360) 874-5533 · permitcenter@cityofportorchard.us

### SMALL WIRELESS FACILITY PERMIT APPLICATION

|                           |         |            |
|---------------------------|---------|------------|
| <i>For Staff Use Only</i> | File #: | Receipt #: |
|---------------------------|---------|------------|

***Incomplete Submittal Will Not Be Accepted.***

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| <b><u>1. PROPERTY INFORMATION.</u></b>  |
| Location: <input type="checkbox"/> Within the Public Right-of-Way <input type="checkbox"/> On Private Property  |
| Property Address <i>(provide abutting property address if within the right-of-way):</i>   |
| Nearest intersection:   |
| GIS Coordinates <i>(GCS or PCS):</i>  |
| <b><u>2. PROJECT INFORMATION.</u></b>   |
| This application is for <i>(check all that apply):</i>  |
| <input type="checkbox"/> One small wireless facility site.  |
| <input type="checkbox"/> A batch of small wireless facilities within a contiguous service area.   |
| <input type="checkbox"/> A batch of small wireless facilities with similar designs.   |
| The Facility will be: <input type="checkbox"/> Constructed by the Applicant <input type="checkbox"/> Leased from a Third Party  |
| The Facility will use <i>(check all that apply):</i>  |
| <input type="checkbox"/> Pole(s): <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> New   |
| <input type="checkbox"/> Tower(s): <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> New  |
| <input type="checkbox"/> Existing Building(s).  |
| <input type="checkbox"/> Other Structure(s) <i>(describe):</i>  |
| <input type="checkbox"/> Ground-mounted Equipment: <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> New  |
| <b><u>3. SUBMITTAL REQUIREMENTS.</u></b>  |
| <b><i>NOTE: Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i></b><br>This application shall include the following, unless specifically waived by DCD.   |
| <b>Check the box for each item included with this application:</b>  |
| <input type="checkbox"/> The Master Permit Application form, completed.   |
| <input type="checkbox"/> Small Wireless Facility Application form <i>(this form)</i> , completed.<br><input type="checkbox"/> Include the <b>original</b> signed and notarized Owner Statement if the small wireless facility will be located on private property <i>(use the form on page 3 of this application)</i> . |
| <input type="checkbox"/> SEPA Checklist Submittal, <i>unless categorically exempt.</i>  |
| <input type="checkbox"/> Shoreline Exemption or Shoreline Permit, if located within a shoreline area (POMC 20.164).   |
| <input type="checkbox"/> Critical Areas Exemption, Exception or Variance, if located within a critical area (POMC 20.162)   |
| <input type="checkbox"/> A Right-of-Way Permit Application including submittal requirements, if located in the ROW.   |
| <input type="checkbox"/> Approval for Use of pole or structure for installation of the small cell facility. <i>Check one:</i><br><input type="checkbox"/> Written approval from the Owner for a specific pole.<br><input type="checkbox"/> A lease from the City for the use of a specific pole.                        |

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| <b>3. SUBMITTAL REQUIREMENTS, <i>continued.</i></b>   |
| <input type="checkbox"/> <b>A Valid City Business License for the Facility Owner/ Operator.</b>   |
| <input type="checkbox"/> <b>A Signed Affidavit by a Radio Frequency (RF) Engineer</b> , addressing the code requirements in POMC 20.72.060(D) <ul style="list-style-type: none"> <li><input type="checkbox"/> Include an emissions report for entire batch if using the same small wireless facility configuration for all installations with this application, or one emissions report for each subgroup identified under this application. POMC 20.72.060(5)(D)</li> </ul>  |
| <input type="checkbox"/> <b>Proof of FCC or other Regulatory Approvals</b> , required to provide the service(s) or utilize the technologies sought to be installed.   |
| <input type="checkbox"/> <b>A Project Narrative</b> addressing application requirements in POMC 20.72.060, 070 and 100. <ul style="list-style-type: none"> <li><input type="checkbox"/> Specify ground-mounted equipment, conduit, junction boxes, fiber and power connections, and any other equipment or construction necessary to construct the small wireless facility</li> <li><input type="checkbox"/> Describe any trees, structures, improvements, facilities, lines and equipment and obstructions that are proposed to be temporarily or permanently removed or relocated.</li> <li><input type="checkbox"/> Include the plan for fiber and power service. Indicate how the applicant expects to obtain fiber and power service and who will be providing it.</li> <li><input type="checkbox"/> Address how the proposal meets the review criteria in POMC 20.72.070(A)(1-5).</li> <li><input type="checkbox"/> Describe how the proposal meets the Small Wireless Facility Aesthetic, Concealment, and Design Standards in POMC 20.72.100.</li> <li><input type="checkbox"/> Include a Word version of the narrative with your submittal, in addition to PDF.</li> </ul>   |
| <input type="checkbox"/> <b>A Photometric Analysis</b> of the roadway and sidewalk within 150 feet of the existing light if the site location includes a new or replacement light pole.   |
| <input type="checkbox"/> <b>Plan Set: Site Plan, Engineered Drawings and Details. <i>Include:</i></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> North arrow and map scale.</li> <li><input type="checkbox"/> Vicinity map depicting the proposed extent of the service area.</li> <li><input type="checkbox"/> The proposed project area including the fiber source and the power source.</li> <li><input type="checkbox"/> Location of overhead and underground utilities, telecommunication, cable, water, lighting, sewer drainage and other lines and equipment within 50 ft. of the proposed project area.</li> <li><input type="checkbox"/> Existing and proposed improvements including but not limited to poles, driveways, ADA ramps, equipment cabinets, street trees and structures within 50 ft. of the proposed project area.</li> <li><input type="checkbox"/> Location of and construction drawings for installation of fiber and power service and related improvements.</li> <li><input type="checkbox"/> Location of specific trees, structures, improvements, facilities, lines, equipment and obstructions, if any, proposed to be temporarily or permanently removed or relocated.</li> <li><input type="checkbox"/> Landscape plan for protecting, trimming, removing, replacing, and restoring any trees or significant landscaping to be disturbed during construction. Any proposed tree modifications must comply with the applicable provisions of Chapter 20.129 POMC.</li> <li><input type="checkbox"/> Certification by a professional engineer licensed in the State of Washington, written over his or her seal, that the construction plans for the small wireless facility, pole and foundation are designed to reasonably withstand wind and seismic loads as required by applicable codes.</li> </ul> |
| <b>4. FEES.</b>   |
| <i>Application fees are due when the application is submitted. Additional fees may be due as the application review is underway, such as consultant fees to review special reports. All unpaid fees are due when the permit is issued. Applicable fees may vary depending on your project. Contact the Permit Center for a fee estimate.</i>  |

*Other documentation may be required in addition to what is listed above.*

**OWNER: (select the appropriate statement)**

- I affirm that the property affected by this application is in my exclusive ownership.
- I affirm that the property affected by this application is not in my exclusive ownership. This application is submitted with the consent of all owners of the affected property.

**IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF**, complete this verification statement:

As the record owner of the property listed above, I authorize \_\_\_\_\_, as my Authorized Agent to submit this application on my behalf.

The application as completed is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner (Must be notarized)

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Date

STATE OF WASHINGTON     )  
   ) SS  
 COUNTY OF KITSAP        )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington, residing at

\_\_\_\_\_  
My appointment expires:  
\_\_\_\_\_