

PERMIT NO. \_\_\_\_\_



*CITY OF LAKE ELMO*  
3800 Laverne Avenue North  
Lake Elmo, Minnesota 55042  
Phone: 651.747.3900  
Fax: 651.777.9615

**RIGHT-OF-WAY OR CITY EASEMENT  
SMALL WIRELESS FACILITY  
APPLICATION**

Name and Address of Permit Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

24-Hour Emergency Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name and Address of Party Performing Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

24-Hour Emergency Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Nature of Work (indicate on which support structure the small wireless facility is proposed to be located):

\_\_\_\_\_

2. Location (House No., Street, and Nearest Intersection): \_\_\_\_\_

(Attach 5 copies of scaled drawings showing accurate right-of-way information and planned installation.)

3. Method of Construction or Installation: \_\_\_\_\_

\_\_\_\_\_

4. Type of Wireless Support Structure: \_\_\_\_\_

5. Height of Wireless Support Structure (not to exceed 50 ft. without City's authorization): \_\_\_\_\_

6. Wireless Facility Height (not to extend more than 10 ft. above wireless support structure): \_\_\_\_\_

7. Work to start on or after \_\_\_\_\_ and to be completed on or before \_\_\_\_\_

8. Will detouring of traffic be necessary?  Yes  No If so, describe routing: \_\_\_\_\_

9. A Small Wireless Facility Agreement will also be required.

For \_\_\_\_\_  
(Applicant)

Signed By \_\_\_\_\_

Dated \_\_\_\_\_

**The date when the work is completed must be reported to the City of Lake Elmo.**