NETWORK NODE, NODE SUPPORT POLE, TRANSPORT FACILITY APPLICATION
Engineering Department
City of Cedar Park, Texas

Date:_________________

Location Description:______________________________________________________

Network Provider:__________________________________________________________

Emergency (After-Hours) Network Provider Telephone:__________________________

Contractor Performing Work:_________________________________________________

Subcontractor (If applicable):_________________________________________________

Primary Contractor Contact:__________________________________________________

Address/Telephone:__________________________________________________________

Emergency (After-Hours) Contractor Telephone:_______________________________

Location of Installation:______________________________________________________

Dates work will Begin and End:_______________________________________________

City Utilities within Project Area: Water______________________________________
(Line size and depth)

Wastewater______________________________________________________________

Storm Sewer_____________________________________________________________

One-Call Confirmation #:__________________________

CONDITIONS OF PERMIT

In approving this right of way use application, all work is subject to the inspection and control of the City's Engineering Department.

This application must include attached to it:

1. The required fees in accordance with Cedar Park Code of Ordinances Art. 16.03 (attached) and the Fee Schedule (attached);
2. All items listed in the Design Manual (attached); and
3. Right-of-Way Use Permit, if applicable.

In obtaining this permit, the contractor performing the work assumes all liability for any damages performed to any utilities, streets, and sidewalks in the area where the work is being performed. If damaged, the utilities, streets and sidewalks shall be repaired by the contractor to satisfaction of the City of Cedar Park.
Comments:__________________________________________________________________________________________

**Contractor to have a copy of approved permit on site**

_________________________________________ Date ____________
Signature of Owner

_________________________________________ Date ____________
Owner Emergency Contact Number

_________________________________________ Date ____________
Engineering Department Approval

Engr. Dept. Emergency Contact & Phone #

Revised September 2017