



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 _____
