

City of Blue Island Building & Zoning Department 13051 Greenwood Avenue Blue Island, IL 60406 P (708) 597-8606 F (708) 396-2686 building@cityofblueisland.org www.blueisland.org/forms

WIRELESS FACILITIES PERMIT APPLICATION					
APPLICANT INFORMATION					
Applicant Name:			Date:		
Applicant is a: Carrier/Wireless Provider Representative			Other:		
Company Name:					
Address:					
City:	State:		ZIP Code:		
Phone:	Email:				
PROPOSED SITE LOCATION					
Property Address:					
City:	State:		ZIP Code:		
Closest Intersection (Distance and Direction from):					
EXIS	TING POLE/STR	UCTURE INFORMATI	ON		
New Pole/Structure Construction? Yes No					
Pole/Structure ID Number:	Height of Pole/Structure (feet):		Pole Color:		
Existing Attachment(s) on Pole/Structure? ( <i>e.g.</i> , banners, light fixtures) Yes No					
Existing Structure Owner:					
Name of Structure Owner Representative:					
Address:					
City:	State:		ZIP Code:		
Phone:	E-mail:		Fax:		
PROPERTY OWNER INFORMATION					
In the event that the proposed wireless facility is to be attached to an existing pole owned by an entity other than the City, the wireless provider shall provide legally competent evidence of the consent of the owner of such pole to the proposed collocation. Permission has been granted by property owner? Yes $\square$ No $\square$					
Name:					
Address:					
City:	State:		ZIP Code:		
Phone:	Email:				



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APPLICATION REQUIREMENTS					
The following documents must be attached or included for the Application to be complete:					
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	Application fee(s)				
	Site specific structural integrity or for a municipal utility pole				
	Make-ready analysis prepared by a structural engineer				
	The location where each existing or proposed wireless facility or utility pole would be installed				
	Photographs of the proposed site location and its immediate surroundings				
	Specifications and drawings prepared by a structural engineer for each existing or proposed wireless facility				
	The equipment type and model numbers for the antennas and all other wireless equipment associated with the wireless facility				
	A proposed schedule for the installation and completion of each wireless facility, if approved by City				
	Proof of permission granted by property owner, if e	xisting pole not owned b	y the City		
ATTESTATION, ACKNOWLEDGMENT & SIGNATURE					
I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate. To the best of my knowledge, I certify that the proposed collocation complies with the terms of the "Collocation Requirements and Conditions" Section of Blue Island's Wireless Facility Deployment Ordinance.					
Signa	ature of Applicant:		Date:		
Printed Name of Applicant:		Title:			
**FOR ADMINISTRATIVE USE ONLY**					
Date Application was Submitted:					

Application is: 
Complete 
Incomplete

If incomplete, date the Applicant was notified:

Missing documents or information: