



Radio Frequency Transmission Facilities Registration Form

LU Case Number

FOR STAFF USE ONLY

Date Received _____

Zoning _____ Quarter Section _____

Received By _____

Building Permit Number _____

Date of Installation _____

APPLICANT: Complete all sections below. Please print legibly.

Per Chapter 33.274, Radio Frequency Transmission (RFT) Facilities, all existing RFT facilities must be registered with the City. This includes exempted facilities that are allowed by right, as well as facilities that have been approved through any Land Use Review procedure. Please register each facility separately using this form. Where more than one transmitter, antenna or parameter applies at the same location, please list all relevant information for each item.

Site

Legal Description or tax account R# _____

Address _____

Cellular Company

Name _____ Regional Facility Manager Name _____

Address _____

Phone _____ Email _____

Applicant

Name _____ Address _____

Phone _____ Email _____

Property Owner

Name _____ Address _____

Phone _____ Email _____

Monopole or Tower Owner

Name _____ Address _____

Phone _____ Email _____

Permit number of finalized original building permit for tower construction, or rooftop installation for this carrier (required information at intake): _____

Broadcast	Wireless	Type of Installation
<input type="checkbox"/> TV <input type="checkbox"/> Radio, AM <input type="checkbox"/> Radio, FM <input type="checkbox"/> Other	<input type="checkbox"/> Cellular <input type="checkbox"/> PCS <input type="checkbox"/> Broadband <input type="checkbox"/> SMR <input type="checkbox"/> DAS <input type="checkbox"/> Paging	<input type="checkbox"/> New monopole or tower <input type="checkbox"/> Co-location on existing monopole/tower <input type="checkbox"/> Other Carriers: _____ _____ <input type="checkbox"/> Roof mount <input type="checkbox"/> Water tank <input type="checkbox"/> Building mount (interior) <input type="checkbox"/> Building mount (exterior) <input type="checkbox"/> Other (describe) _____
Ground elevation at site (ft. above sea level):		
Number of proposed antennas at site:		Types:
Model number(s):		Manufacturer(s):
Height above ground:		FAA approval needed <input type="checkbox"/> Yes <input type="checkbox"/> No

Form submitted by _____ Date _____

Return all completed forms to: City of Portland, Oregon, Bureau of Development Services
 1900 SW Fourth Avenue, Suite 5000, Attn: Planning & Zoning Phone: 503-823-7526
 Portland, Oregon 97201 FAX: 503-823-5630