# Radio Frequency Transmission Facilities Registration Form

<table>
<thead>
<tr>
<th>FOR STAFF USE ONLY</th>
<th>LU Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoning</td>
<td></td>
</tr>
<tr>
<td>Current Building Permit</td>
<td></td>
</tr>
</tbody>
</table>

**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**
- **Land Use Case number for installation of facility for carrier:**
- **Permit number of finalized original building permit for facility installation for this carrier (required information at intake):**
- **Is this a modification to an existing facility previously approved (FCC 6409a):**

## 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**
<table>
<thead>
<tr>
<th>Broadcast</th>
<th>Wireless</th>
<th>Type of Installation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ TV</td>
<td>☐ Cellular</td>
<td>☐ New monopole or tower</td>
</tr>
<tr>
<td>☐ Radio, AM</td>
<td>☐ PCS</td>
<td>☐ Co-location on existing monopole/tower</td>
</tr>
<tr>
<td>☐ Radio, FM</td>
<td>☐ Broadband</td>
<td>☐ Roof mount</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ SMR</td>
<td>☐ Water tank</td>
</tr>
<tr>
<td></td>
<td>☐ DAS</td>
<td>☐ Building mount (interior)</td>
</tr>
<tr>
<td></td>
<td>☐ Paging</td>
<td>☐ Building mount (exterior)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other (describe) ________________________</td>
</tr>
</tbody>
</table>

FAA approval needed ☐ Yes ☐ No

Form submitted by________________________________________ Date___________________________

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