



Radio Frequency Transmission Facilities Registration Form

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|--|------------------------------------|
| FOR STAFF USE ONLY Zoning _____ Current Building Permit _____ | LU Case Number _____ |
|--|------------------------------------|

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 _____

| 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"/> Roof mount <input type="checkbox"/> Water tank <input type="checkbox"/> Building mount (interior) <input type="checkbox"/> Building mount (exterior) <input type="checkbox"/> Other (describe) _____ |
| 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
 Attn: Planning & Zoning
 1900 SW Fourth Avenue, Suite 5000, Phone: 503-823-7526
 Portland, Oregon 97201 FAX: 503-823-5630