

City of Madison Building Department  
100 Hughes Road  
Madison, Alabama 35758  
Phone: 256-772-5644/Fax: 256-772-5601  
[www.madisonal.gov](http://www.madisonal.gov)



**SMALL CELL FACILITIES for  
CO-LOCATED FACILITIES**  
*Incomplete applications may not be processed.*

Date: \_\_\_\_\_

**For Staff Use Only:**

Application Submitted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Accepted as Complete: \_\_\_\_\_

Received by: \_\_\_\_\_

Please fill out this form completely, supplying all necessary information and documentation to support your request. If your application is not complete with all required documentation, the application will not be processed until all information and documentation is furnished pursuant to Ordinance Number 2019-292.

Indicate one contact person for this request: \_\_\_\_\_ Applicant \_\_\_\_\_ Representative

**Applicant (individual making the request):**

Person/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Representative/Agent (if different from the applicant):**

Person/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned acknowledges that additional City of Madison zoning and/or permitting review requirements may be identified during the review of this small cell telecommunication permit application and the fulfillment of such requirements is the responsibility of the applicant.

\_\_\_\_\_  
Signature of Applicant or Representative

\_\_\_\_\_  
Printed name of Applicant or Representative

\_\_\_\_\_  
Date

Continued...

**General Information (please provide detailing information as required by Ordinance 2019-292):**

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Address/Tax Parcel ID # of proposed location

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Legal Description and/or Tax Parcel ID Number of proposed location

Is Support Structure located in public Right-of-way? \_\_\_\_\_ Yes \_\_\_\_\_ No

Support Structure Owner:

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Signature of Authorized Representative of Support Structure Owner:

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### **Application Checklist:**

Submit the following information with this application in PDF format to the Building or Planning Department of the City of Madison. With the exception of the original application and all fees, hard copies are not required. All applications and required information shall be obtained simultaneously at the Building or Planning Department, 100 Hughes Road, Madison, Alabama 35758. Applications will not be processed until all required information is received. All applicable plan review, application fees and permits fees shall be collected at the time the permit is issued.

- Completed Application (original).
- If the facilities will be located on a support structure on the right-of-way that is owned by any entity other than the City or the Applicant, a copy of any license, lease, agreement or other documentation evidencing that the owner of the support structure authorizes the facilities to be attached thereto or agrees in principle to authorize that attachment, provided that, if a representation is made to the City that the attachment has been authorized in principle by the owner of the Support structure but the applicant subsequently fails to furnish the City documentation that finalized any such agreement, the City may refuse to issue the requested permit until that documentation is proved or, if the City issues the requested permit before receiving such final documentation, the subject permit may be revoked and any license to use that part of the right-of-way rescinded.
- Demonstration that no colocation opportunities exist in the area where a technologically documented need for a facility exists with evidence which shall include, but not limited to:
  - Affidavits, correspondence or other written information that demonstrates that the Applicant has taken all commercially reasonable actions to achieve colocation in the requested location or area;
  - That the applicant has perused but been denied access to all potential colocation sites in the subject area (and the reasons for any such denial and otherwise show that the Applicant is unable to collocate on an existing support structure;
  - The City Manager must recommend the placement of a new Support Structure in the Right-of-Way; and
  - The City Council must approve the recommendation of the City Manager to issue a permit that includes the placement of a new support structure. The City Council will consider this request at a regular Council meeting as soon as practical following notification of adjacent property owners.
- If not located within the City right-of-way, a signed letter from the owner of the property indicating the intent and agreement to allow co-location of facilities.
- A map of the geographic area that will be served and demonstrating the need for placing the facilities.
- A map showing existing or planned small cell facilities within 500 feet of the proposed site.
- A map that shows other potential standalone locations considered for the proposed facility.
- A scaled site plan including:
  - Property boundaries;
  - Proposed facility and exact location;
  - Existing land use;
  - Surrounding land uses and zoning;
  - Character of the area including surrounding buildings, properties, and uses;
  - Whether the appearance and placement of the requested facilities is aesthetically consistent with the immediate area;
  - Whether the facilities are consistent with the historic nature and characteristics of the requesting location;
  - The Applicant/Provider's network coverage objective;
  - Site access location and surface material;
  - Existing and proposed structures and topography;
  - Proposed landscaping, fencing, parking areas, signage and lighting.

***Continued....***

- Street right-of-way excavation detail as needed by the City Engineering Division.
- Engineering drawings depicting the type of facilities, support structure and means and points at which such facilities and associated accessory equipment will be attached to a support structure.
  - This is to include elevations and/or renderings of the proposed facility.
- A description of why the proposed location is superior, from a community perspective, to other potential locations, including consideration for the following factors:
  - Visual aspects
  - Setbacks
  - Proximity to single-family residences

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**For Staff Use Only: (Routing Form):**

**CITY ENGINEER:** Recommend Approval: \_\_\_\_\_ Not Recommend Approval: \_\_\_\_\_  
Comments:

**BUILDING OFFICIAL:** Recommend Approval: \_\_\_\_\_ Not Recommend Approval: \_\_\_\_\_  
Comments:

**IT DIRECTOR:** Recommend Approval: \_\_\_\_\_ Not Recommend Approval: \_\_\_\_\_  
Comments:

**ZONING OFFICIAL:** Recommend Approval: \_\_\_\_\_ Not Recommend Approval: \_\_\_\_\_  
Comments:

**GIS SPECIALIST:** Map location? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Comments:

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**For Staff Use Only: (PERMITTING FORM):**

Small Cell Facility Permitting Form:

**Facility Location:** \_\_\_\_\_

This Facility has been: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Fees Due from this request:

Permit Application and Review Fee (*up to 5*):           \$ 500.00           \_\_\_\_\_

For each additional facility exceeding 5 :           \$ 100.00           \_\_\_\_\_

Annual License Fee (*public property*)           \$ 270.00           \_\_\_\_\_

**Total Due at Issuance:**                           \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Issued by: \_\_\_\_\_

\*\*\**(Please return copy of permit **and** this form to the Building or Planning Department)*\*\*\*