Small Wireless Facilities (SWF) Application Documents

1. SWF Registration Application

2. SWF Collocation Permit Application & Permit Application Checklist

3. SWF Pole Installation Permit Application & Permit Application Checklist

4. Electrical Permit Application (for use by SWF applicants)

5. Construction in ROW Permit Application (for use by SWF applicants)

Revised 04/2018
SMALL WIRELESS FACILITY (SWF) REGISTRATION APPLICATION CHECKLIST

Escambia County requires that person(s) intending to place or maintain SWFs or utility poles to support SWFs in County rights-of-way obtain an active registration prior to submitting a permit application for SWF or utility pole placement or maintenance.

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION (AS APPLICABLE):

✓ Complete Registration Application (signed and notarized)

✓ A copy of Applicant's Florida annual resale certificate and certificate of registration issued by the Florida Department of Revenue authorizing Applicant to engage in the business of providing communications services in Florida

✓ A copy of the document containing the certificate number for Applicant's certificate of authorization, certificate of public convenience and necessity, or other similar certification issued by the Florida Public Service Commission, the FCC, or the Department of State

✓ Certificate(s) of insurance evidencing that the Applicant's insurance coverage complies with the County's insurance requirements set forth in Exhibit "A" (attached).

Return completed application with associated documentation to:
Escambia County Building Services 3363 West Park Place, Pensacola, FL 32505
# SMALL WIRELESS FACILITY (SWF) REGISTRATION APPLICATION

All information is REQUIRED. This Registration Application and all documents submitted herewith are public records subject to disclosure under Florida's Public Records Act, except as specifically exempted thereby.

<table>
<thead>
<tr>
<th><strong>APPLICANT NAME:</strong></th>
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<tbody>
<tr>
<td>Name under which Applicant will transact business in County:</td>
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<tr>
<th><strong>APPLICANT ADDRESS:</strong></th>
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<tr>
<td><strong>Principal Place of Business in Florida:</strong></td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Telephone: ( )</td>
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| **Applicant’s National Headquarters (If no principal place of business in Florida):** |  |
| Address: |  |
| City: | State: | Zip: |
| Telephone: ( ) |  |

| **Branch Office in County:** |  |
| Address: |  |
| City: | State: | Zip: |
| Telephone: ( ) |  |

| **FLORIDA REGISTERED AGENT:** |  |
| Name: |  |
| Address: |  |
| City: | State: | Zip: |

| **PRIMARY CONTACT PERSON:** |  |
| Name: |  |
| Address: |  |
| City: | State: | Zip: |
| Telephone: ( ) |  |
| Email: |  |

| **EMERGENCY CONTACT** (If different than Primary Contact Person): |  |
| Name: |  |
| Address: |  |
| City: | State: | Zip: |
| Telephone: ( ) |  |
| Email: |  |

| **EMAIL ADDRESS DESIGNATED TO RECEIVE NOTICES UNDER SWF ORDINANCE:** |  |
| Email: |  |
SMALL WIRELESS FACILITY (SWF) REGISTRATION APPLICATION (Cont’d)

(a) An active registration shall convey no legal or equitable rights to or title in County rights-of-way, and shall establish no right to place or maintain small wireless facilities or utility poles supporting small wireless facilities in County rights-of-way.

(b) Within 30 days of any change in the information required to be submitted for a registration, a registrant shall provide to the County in writing all updates or changes to such information. By example and without limitation, such information includes a change in the registrant’s primary contact person and a change in the email address designated by the registrant to receive notices hereunder.

(c) Registrants transferring ownership in any small wireless facility or utility pole supporting a small wireless facility shall provide the County, on or before the date on which the transfer of ownership transaction is closed, the name of the transferee and the date of transfer.

(d) A registrant may cancel a registration upon written notice to the County stating that the registrant will no longer be placing or maintaining small wireless facilities or utility poles supporting small wireless facilities in County rights-of-way. No registration may be cancelled if the registrant continues to place or maintain any small wireless facilities or utility poles supporting small wireless facilities in County rights-of-way.

(e) Registrations remain active for two calendar years and shall be renewed biennially.

(f) Failure to renew a registration on or before the renewal date is a violation of the SWF ordinance and may result in the termination of the registration and the suspension or revocation of all permits issued thereunder.

(g) A registrant shall at all times comply with all applicable codes and all local, State, and federal laws, rules, and regulations governing the placement, maintenance, use, and operation of small wireless facilities.

(h) Registrations are expressly subject to any future amendments to or replacements of applicable codes, including without limitation the SWF ordinance.

(i) By submitting a registration application, Applicant acknowledges that it has reviewed the SWF ordinance and understands its content.

Applicant’s submittal of this Registration Application represents Applicant’s affirmation that: (1) Applicant shall comply with all provisions of Escambia County’s SWF Ordinance; and (2) Applicant shall be subject to and comply with Escambia County’s insurance requirements, attached as Exhibit “A”.

~ Signature page follows ~
The undersigned certifies that s/he is authorized by Applicant to submit this Registration Application on Applicant's behalf, and together with Applicant, affirms and attests that all statements and information in this Registration Application and the documents submitted herewith are true, correct, and current as of the date submitted. Submitting any false, misleading, or inaccurate representation, statement, or other information shall result in denial of Applicant's Registration Application and/or termination of Applicant's registration.

APPLICANT:

____________________
Printed Name of Applicant

____________________  ______________________
Printed Name of Person Submitting Application  Relationship to Applicant

____________________
Signature of Person Submitting Application

____________________
Date

STATE OF____________________
COUNTY OF____________________

The above individual whose name is ________________________________ personally appeared before me and is personally known to me and/or produced ________________ as identification.

SWORN TO AND SUBSCRIBED before me this ___ day of __________, 20__.

____________________
NOTARY PUBLIC

Printed Name of Notary: __________________________

<table>
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<tr>
<th>Departmental Review</th>
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<tr>
<td>Reviewed by: __________  Date: _______  Accepted: _______  Rejected: _______</td>
</tr>
</tbody>
</table>

Page 4 of 6

Rev. 04/2018
ESCAMBIA COUNTY INSURANCE REQUIREMENTS
APPLICABLE TO ALL SMALL WIRELESS FACILITY REGISTRANTS

Exhibit "A" to
Small Wireless Facility Permit Application Checklists and Registration Application

1. The applicant shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is preferred; however, other ratings may be considered. Such policies shall provide coverages for all claims which may arise out of or result from the operations carried out pursuant to and under the requirements of the applicant's registration, permit applications, and permits issued therefrom, whether such operations be by the applicant, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

2. The applicant shall require, and shall be responsible for assuring throughout the time the applicant's registration and permits are in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

3. The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

4. These insurance requirements shall not limit the liability of the applicant.

5. The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the applicant's interests or liabilities, but are merely minimums.

6. Except for workers compensation and professional liability, the applicant's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from the applicant's registration, permit applications, and permits issued therefrom.

7. The applicant waives its right of recovery against the County, to the extent permitted by its insurance policies.

8. The applicant's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The applicant is responsible for the amount of any deductible or self-insured retention.

9. Insurance required of the applicant or any other insurance of the applicant shall be considered primary, and insurance of the County, if any, shall be considered excess, as may be applicable to claims or obligations which arise out of the operations contemplated by the applicant's registration, permit applications, and permits issued therefrom.

Workers Compensation Coverage

1. The applicant shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by State law and with employer's liability limits of at least $100,000 each accident and $100,000 each employee/$500,000 policy limit for disease, or a valid certificate of exemption issued by the State of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

2. Applicant shall also purchase any other coverages required by law for the benefit of employees.
General, Automobile and Excess or Umbrella Liability Coverage

1. The applicant shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

2. Minimum limits of $1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employer's liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

1. Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

2. Coverage B shall include personal injury.

3. Coverage C, medical payments, is not required.

The applicant is required to continue to purchase products and completed operations coverage for a minimum of three years beyond the date applicant’s registration or permit is revoked, terminated, or finalized, whichever occurs last.

Business Auto Liability

Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance, or use of any auto, including owned, non-owned, and hired automobiles and employee non-ownership use.

THE GENERAL LIABILITY AND BUSINESS AUTO LIABILITY POLICIES SHALL BE ENDORSED TO INCLUDE ESCAMBIA COUNTY AS AN ADDITIONAL INSURED AND PROVIDE FOR 30 DAY NOTIFICATION OF CANCELLATION.

Excess or Umbrella Liability Coverage (if utilized to achieve required policy limits)

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance and shall be provided to the County, accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverage(s) indicated on each certificate of insurance.

New or renewal certificates of insurance shall be submitted to the county at least 30 days prior to coverage renewal and/or expiration. Failure to timely submit new or renewal certificates of insurance that satisfy the county’s insurance requirements as determined by Escambia County Risk Management may result in revocation of all associated registrations and permits, where applicable, and termination of all rights accruing therefrom.
Small Wireless Facility
COLLOCATION PERMIT APPLICATION
and
Collocation Permit Application Checklist
Documents may be copied; signatures must be original.

<table>
<thead>
<tr>
<th>For Department Use Only</th>
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<tr>
<td>SWF PERMIT NO.:</td>
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<td>DATE SUBMITTED:</td>
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<tr>
<th>APPLICANT NAME:</th>
<th>SWF Registration No.:</th>
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<th>Applicant’s Email Address for Notices:</th>
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Number of SWF Installations on this Application: ______

GPS Coordinates for each SWF Installation:

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Application is hereby made to obtain the SWF permit(s) listed above. I certify that no work has been commenced prior to the issuance of a permit, and that all work shall be performed in compliance with all applicable laws, rules, and standards governing such work in this jurisdiction. I understand that a separate electrical permit will be required for the ELECTRICAL CONNECTION. I certify that the foregoing information is true, accurate, and complete.

~ Signature page follows ~
The undersigned certifies that s/he is authorized by Applicant to submit this Collocation Permit Application on Applicant's behalf, and together with Applicant, affirms and attests that all statements and information in this Application and the documents submitted herewith are true, correct, and current as of the date submitted. Submitting any false, misleading, or inaccurate representation, statement, or other information shall result in denial of this Permit Application and/or termination of Applicant’s registration.

APPLICANT:

______________________________
Printed Name of Applicant

______________________________
Printed Name of Person Submitting Application

______________________________
Relationship to Applicant

______________________________
Signature of Person Submitting Application

__________
Date

STATE OF_____________________
COUNTY OF ___________________

The above individual whose name is ______________________ personally appeared before me and is personally known to me and/or produced _____________ as identification.

SWORN TO AND SUBSCRIBED before me this ___ day of _____________, 20__. ___________

NOTARY PUBLIC

Printed Name of Notary: ______________________

Departmental Review

Reviewed by: ______________________  Date: ________  Accepted: ________  Rejected: ________
# COLLOCATION PERMIT APPLICATION CHECKLIST

<table>
<thead>
<tr>
<th>Active Registration</th>
<th>An active registration is required before collocation applications will be considered. [Code Sec. 86-136(a)]</th>
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</table>
| Electrical Permit Application | Completed and signed by licensed electrical contractor.  
(NOTE: signatures must be notarized.) |
| Structural Construction Plans | Two (2) sets of construction plans designed to Florida Building Code standards, signed and sealed by a Florida registered engineer. Elevation and construction status of existing tower by engineer. Modifications to include engineering for additional implied loads and requirements to comply with all wind design criteria. Plans MUST be at least 11x17 inches. |
| Payment and Performance Bond; Corporate Guarantee | A certified copy of the payment and performance bond executed and recorded in the public records of Escambia County, Florida, according to the provisions of F.S. § 255.05; OR an irrevocable and unconditional corporate guarantee in favor of Escambia County. Documents must be approved by Escambia County Risk Management. [Code Sec. 86-146]  
Email bond/corporate guarantee forms to risk@myescambia.com with the subject line: SWF-COI Approval to obtain Risk Management approval. |
| Proof of Insurance Coverages; Agent Authorization Documentation | The insurance requirements in Exhibit “A” (attached) shall apply to all registrants. Documents evidencing compliance with such insurance requirements must be approved by Escambia County Risk Management. [Code Sec. 86-142]  
Email all required insurance documents to risk@myescambia.com with the subject line: SWF-COI Approval to obtain Risk Management approval. |
| HOA Authorization Documents (where applicable) | SWFs cannot be installed in locations subject to an HOA unless specifically authorized by the HOA. [Code Sec. 86-140(a)(1)] |
ESCAMBIA COUNTY INSURANCE REQUIREMENTS
APPLICABLE TO ALL SMALL WIRELESS FACILITY REGISTRANTS

Exhibit “A”
to
Small Wireless Facility
Permit Application Checklists
and
Registration Application

1. The applicant shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is preferred; however, other ratings may be considered. Such policies shall provide coverages for all claims which may arise out of or result from the operations carried out pursuant to and under the requirements of the applicant’s registration, permit applications, and permits issued therefrom, whether such operations be by the applicant, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

2. The applicant shall require, and shall be responsible for assuring throughout the time the applicant’s registration and permits are in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor’s work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

3. The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

4. These insurance requirements shall not limit the liability of the applicant.

5. The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the applicant’s interests or liabilities, but are merely minimums.

6. Except for workers compensation and professional liability, the applicant’s insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from the applicant’s registration, permit applications, and permits issued therefrom.

7. The applicant waives its right of recovery against the County, to the extent permitted by its insurance policies.

8. The applicant’s deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The applicant is responsible for the amount of any deductible or self-insured retention.

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Workers Compensation Coverage

1. The applicant shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by State law and with employer’s liability limits of at least $100,000 each accident and $100,000 each employee/$500,000 policy limit for disease, or a valid certificate of exemption issued by the State of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

2. Applicant shall also purchase any other coverages required by law for the benefit of employees.
General, Automobile and Excess or Umbrella Liability Coverage

1. The applicant shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

2. Minimum limits of $1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employer's liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

1. Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

2. Coverage B shall include personal injury.

3. Coverage C, medical payments, is not required.

The applicant is required to continue to purchase products and completed operations coverage for a minimum of three years beyond the date applicant's registration or permit is revoked, terminated, or finalized, whichever occurs last.

Business Auto Liability

Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance, or use of any auto, including owned, non-owned, and hired automobiles and employee non-ownership use.

THE GENERAL LIABILITY AND BUSINESS AUTO LIABILITY POLICIES SHALL BE ENDORSED TO INCLUDE ESCAMBIA COUNTY AS AN ADDITIONAL INSURED AND PROVIDE FOR 30 DAY NOTIFICATION OF CANCELLATION.

Excess or Umbrella Liability Coverage (if utilized to achieve required policy limits)

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance and shall be provided to the County, accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverage(s) indicated on each certificate of insurance.

New or renewal certificates of insurance shall be submitted to the county at least 30 days prior to coverage renewal and/or expiration. Failure to timely submit new or renewal certificates of insurance that satisfy the county's insurance requirements as determined by Escambia County Risk Management may result in revocation of all associated registrations and permits, where applicable, and termination of all rights accruing therefrom.
Small Wireless Facility
POLE INSTALLATION PERMIT APPLICATION
and
Pole Installation Permit Application Checklist
Documents may be copied; signatures must be original.

For Department Use Only

SWF PERMIT NO.:

DATE SUBMITTED:

APPLICANT NAME:  

SWF Registration No.:

PRIMARY CONTACT PERSON:  

Applicant’s Email Address for Notices:

Number of SWF Installations on this Application: _______

GPS Coordinates for each SWF Installation:

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<tr>
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Application is hereby made to obtain the SWF permit(s) listed above. I certify that no work has been commenced prior to the issuance of a permit, and that all work shall be performed in compliance with all applicable laws, rules, and standards governing such work in this jurisdiction. I understand that a separate electrical permit will be required for the ELECTRICAL CONNECTION. I certify that the foregoing information is true, accurate, and complete.

~ Signature page follows ~
The undersigned certifies that s/he is authorized by Applicant to submit this Pole Installation Permit Application on Applicant’s behalf, and together with Applicant, affirms and attests that all statements and information in this Application and the documents submitted herewith are true, correct, and current as of the date submitted. Submitting any false, misleading, or inaccurate representation, statement, or other information shall result in denial of this Permit Application and/or termination of Applicant’s registration.

APPLICANT:

______________________________
Printed Name of Applicant

______________________________
Printed Name of Person Submitting Application

______________________________
Relationship to Applicant

______________________________
Signature of Person Submitting Application

__________
Date

STATE OF _______________________
COUNTY OF _______________________

The above individual whose name is ______________________ personally appeared before me and is personally known to me and/or produced __________________ as identification.

SWORN TO AND SUBSCRIBED before me this ___ day of ____________, 20__.

______________________________
NOTARY PUBLIC

Printed Name of Notary: ______________________

Departmental Review

Reviewed by: ______________________  Date: ________  Accepted: ________  Rejected: ________
**Small Wireless Facility**  
**Pole Installation Permit Application Checklist**  
*Documents may be copied; signatures must be original.*

<table>
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<tr>
<th>Documentation Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Active Registration</td>
<td>An active registration is required before collocation applications will be considered. [Code Sec. 86-136(a)]</td>
</tr>
<tr>
<td>Construction in County Right-of-Way Permit Application</td>
<td>Completed and signed by licensed construction contractor. (NOTE: signatures must be notarized.)</td>
</tr>
<tr>
<td>Electrical Permit Application</td>
<td>Completed and signed by licensed electrical contractor. (NOTE: signatures must be notarized.)</td>
</tr>
<tr>
<td>Site Plans</td>
<td>Two (2) sets of site plans signed and sealed by a Florida Registered Engineer indicating (to scale) the size, dimensions, and location of the proposed improvements. Plans shall include a survey of the area with utilities identified and a Maintenance of Traffic plan. Plans MUST be at least 11x17 inches.</td>
</tr>
<tr>
<td>Structural Construction Plans</td>
<td>Two (2) sets of construction plans designed to Florida Building Code standards, signed and sealed by a Florida registered engineer. Plans shall include a Geotechnical Report and Foundation Design. Plans MUST be at least 11x17 inches.</td>
</tr>
<tr>
<td>Payment and Performance Bond; Corporate Guarantee</td>
<td>A certified copy of the payment and performance bond executed and recorded in the public records of Escambia County, Florida, according to the provisions of F.S. § 255.05; OR an irrevocable and unconditional corporate guarantee in favor of Escambia County. Documents must be approved by Escambia County Risk Management. [Code Sec. 86-146]</td>
</tr>
<tr>
<td>Proof of Insurance Coverages; Agent Authorization Documentation</td>
<td>The insurance requirements in Exhibit “A” (attached) shall apply to all registrants. Documents evidencing compliance with insurance requirements must be approved by Escambia County Risk Management. [Code Sec. 86-142]</td>
</tr>
</tbody>
</table>
| Letters of No Objection from all agencies, as applicable: | 1. The Federal Communications Commission  
2. The Federal Aviation Administration  
3. The Florida Department of Transportation  
4. Escambia County Emergency Management |

Email bond/corporate guarantee forms to risk@myescambia.com with the subject line: SWF-COI Approval to obtain Risk Management approval.

Email all required insurance documents to risk@myescambia.com with the subject line: SWF-COI Approval to obtain Risk Management approval.
<table>
<thead>
<tr>
<th>Utility Authorization</th>
<th>Approval from all utilities located in the right-of-way including without limitation those identified by “Sunshine811,” Gulf Power Company, ECUA, Pensacola Energy, Cox Communications, Frontier, AT&amp;T, EREC, Escambia County, and designated water utility providers.</th>
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</thead>
<tbody>
<tr>
<td>Verification that Clear Zone requirements have been accommodated</td>
<td>See Exhibit &quot;B&quot; – Minimum Width of Clear Zone Manual of Uniform Minimum Standards for Design, Construction and Maintenance for Streets and Highways</td>
</tr>
</tbody>
</table>
| HOA Authorization Documents (where applicable) | SWFs and poles for SWFs cannot be installed in locations subject to an HOA unless specifically authorized by the HOA.  
[Code Sec. 86-140(a)(1)] |
ESCAMBIA COUNTY INSURANCE REQUIREMENTS
APPLICABLE TO ALL SMALL WIRELESS FACILITY REGISTRANTS

Exhibit “A”
to
Small Wireless Facility
Permit Application Checklists
and
Registration Application

1. The applicant shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is preferred; however, other ratings may be considered. Such policies shall provide coverages for all claims which may arise out of or result from the operations carried out pursuant to and under the requirements of the applicant’s registration, permit applications, and permits issued therefrom, whether such operations be by the applicant, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

2. The applicant shall require, and shall be responsible for assuring throughout the time the applicant’s registration and permits are in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor’s work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

3. The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

4. These insurance requirements shall not limit the liability of the applicant.

5. The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the applicant’s interests or liabilities, but are merely minimums.

6. Except for workers compensation and professional liability, the applicant’s insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from the applicant’s registration, permit applications, and permits issued therefrom.

7. The applicant waives its right of recovery against the County, to the extent permitted by its insurance policies.

8. The applicant’s deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The applicant is responsible for the amount of any deductible or self-insured retention.

9. Insurance required of the applicant or any other insurance of the applicant shall be considered primary, and insurance of the County, if any, shall be considered excess, as may be applicable to claims or obligations which arise out of the operations contemplated by the applicant’s registration, permit applications, and permits issued therefrom.

Workers Compensation Coverage

1. The applicant shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by State law and with employer’s liability limits of at least $100,000 each accident and $100,000 each employee/$500,000 policy limit for disease, or a valid certificate of exemption issued by the State of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

2. Applicant shall also purchase any other coverages required by law for the benefit of employees.
General, Automobile and Excess or Umbrella Liability Coverage

1. The applicant shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

2. Minimum limits of $1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employer’s liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

1. Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

2. Coverage B shall include personal injury.

3. Coverage C, medical payments, is not required.

The applicant is required to continue to purchase products and completed operations coverage for a minimum of three years beyond the date applicant’s registration or permit is revoked, terminated, or finalized, whichever occurs last.

Business Auto Liability

Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance, or use of any auto, including owned, non-owned, and hired automobiles and employee non-ownership use.

THE GENERAL LIABILITY AND BUSINESS AUTO LIABILITY POLICIES SHALL BE ENDORSED TO INCLUDE ESCAMBIA COUNTY AS AN ADDITIONAL INSURED AND PROVIDE FOR 30 DAY NOTIFICATION OF CANCELLATION.

Excess or Umbrella Liability Coverage (if utilized to achieve required policy limits)

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance and shall be provided to the County, accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverage(s) indicated on each certificate of insurance.

New or renewal certificates of insurance shall be submitted to the county at least 30 days prior to coverage renewal and/or expiration. Failure to timely submit new or renewal certificates of insurance that satisfy the county’s insurance requirements as determined by Escambia County Risk Management may result in revocation of all associated registrations and permits, where applicable, and termination of all rights accruing therefrom.
## TABLE 3 – 12
**MINIMUM WIDTH OF CLEAR ZONE**

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>DESIGN SPEED (MPH)</th>
<th>25 and Below</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
<th>50</th>
<th>55</th>
<th>60 and Above</th>
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</thead>
<tbody>
<tr>
<td>Rural*</td>
<td>MINIMUM CLEAR ZONE (FEET)</td>
<td>6 Local</td>
<td>6 Local</td>
<td>10 Collectors</td>
<td>14 Arterials and Collectors ADT &lt;1500</td>
<td>14 Arterials and Collectors ADT &lt;1500</td>
<td>18 Arterials and Collectors ADT &lt;1500</td>
<td>18 Arterials and Collectors ADT &lt;1500</td>
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<tr>
<td>10 Collectors</td>
<td>10 Collectors</td>
<td>14 Arterials</td>
<td>14 Arterials</td>
<td>18 Arterials and Collectors ADT ≥1500</td>
<td>18 Arterials and Collectors ADT ≥1500</td>
<td>24 Arterials and Collectors ADT ≥1500</td>
<td>30 Arterials and Collectors ADT ≥1500</td>
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<td>14 Arterials</td>
<td>14 Arterials</td>
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<tr>
<td>Urban*</td>
<td>1-1/2</td>
<td>4**</td>
<td>4**</td>
<td>4**</td>
<td>4**</td>
<td>N/A**</td>
<td>N/A**</td>
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</table>

*From face of curb

** On projects where the 4-foot minimum offset cannot be reasonably obtained and other alternatives are deemed impractical, the minimum may be reduced to 1-1/2".

*Use rural for urban facilities when no curb and gutter is present. Measured from the edge of through travel land on rural section.

**Curb and gutter not to be used on facilities with design speed > 45 mph.

NOTE: ADT in Table 3-12 refers to Design Year ADT.

---

Geometric Design

3-60
Small Wireless Facility
ELECTRICAL PERMIT APPLICATION

APPLICANT NAME: ____________________________  SWF Registration No.: ________________

PRIMARY CONTACT PERSON: ______________________  Applicant’s Email Address for Notices:

Phone No.: ____________________________  Is any equipment at grade level?  __ Yes  ___ No
If Yes, type and amount of equipment:

Number of SWF Installations on this Application: _______

GPS Coordinates for each SWF Installation:

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<tr>
<th></th>
<th>Longitude</th>
<th>Latitude</th>
<th></th>
<th>Longitude</th>
<th>Latitude</th>
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<th>Longitude</th>
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</table>

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit, and that all work shall be performed in compliance with all applicable laws, rules, and standards governing such work in this jurisdiction. I certify that the foregoing information is true, accurate, and complete.

~ Signature page follows ~
The undersigned certifies that s/he is authorized by Applicant to submit this Electrical Permit Application on Applicant's behalf.

APPLICANT:

Printed Name of Applicant

Printed Name of Licensed Electrical Contractor   License Number

Signature of Licensed Electrical Contractor   Date

STATE OF ____________________
COUNTY OF ____________________

The above individual whose name is ____________________ personally appeared before me and is personally known to me and/or produced __________________ as identification.

SWORN TO AND SUBSCRIBED before me this ___ day of __________, 20__.

____________________________
NOTARY PUBLIC
Printed Name of Notary: ____________________

Departmental Review

Reviewed by: ____________________ Date: ________ Accepted: ________ Rejected: ________
ESCambia County, Florida
Permit
For Construction in County Right of Way
[Small Wireless Facilities]

Name of Applicant: ___________________________ Date: ___________________________

Mailing Address: ___________________________ Phone: ___________________________

City: __________________ Zip: __________________

E-mail Address: ___________________________

Proposed Construction: ___________________________

Location: 1. Street or Road: (GPS Coordinates: Longitude ___ Latitude ___)

2. Between: ___________________________

3. Name of Subdivision: ___________________________

CHECK/SPECIFY THE TYPES OF WORK AS APPLICABLE: (if applicable)

Patching Required: Pavement( ) Curb & Gutter( ) Sidewalk( ) Valid Bond Provided( )

Utility Installation: Shoulder Work Only( ) Directional Bore( ) Cut/Patch Crossing( ) Total Overlay Patch( )

Multiple Utility Connections: # of lots/services ___ linear feet of work ___ common trench installation ___

(main line service) (available services provided) (approximate) (new subdivision)

Other (specify): ___________________________

________________________________________________________________________

It is understood and agreed by Applicant that upon approval of the application and the issuance of a construction permit that all cutting, patching an inspection shall be accomplished in accordance with County requirements. Work shall not be commenced until the written approval is issued to applicant, and shall be completed before construction permit expires. If permit expires a renewal fee and new application is required. *Retention or soil as needed for shoulder. All lines to be constructed a minimum of 30" deep." Construction materials/debris will not be used as fill in county right-of-way, backfill used for construction of ditches, etc. will be clean fill. An attached sketch shall be included indicating the approximate location of construction relative to R/W lines, the roadway and ditches.

Phone # of Contact Person ___________________________ Applicant (Print Name of contact person) ___________________________

Fee in accordance with Resolution 2003-96. Amount: ________ Receipt: ________

Permission is hereby granted to proceed with proposed construction as noted above and in accordance with permit conditions. Applicant shall be required to notify the Development Services Department Office prior to the commencement of construction.

Date approved: ___________________________ Approved for Construction by: ___________________________

County Permit Expires: ___________________________ Construction must be completed and ready for inspection prior to date.

Inspected and approved by: ___________________________ Date: ___________________________

If repairs to rights-of-way are not made according to County standards and specifications by the expiration date shown on the permit, the County may elect to perform the repairs at Applicant's expense. All utility work requires a surety bond to cover said expenses. Applicant agrees to promptly pay for such expenses. Applicant's failure to reimburse County for such expenses will be cause for the Development Services Department to refuse to issue any permits to Applicant for future projects. County accepts no responsibility for and does not hereby warrant that it will protect, repair, or finish Applicant's project in the course of making such repairs to County rights-of-way. Utility companies are assuming the risk for burying their property on County right-of-way or maintenance-claimed areas. The County will henceforth deny claims as a result of utilities damaged through maintenance of those areas.

This permit application has been reviewed and only applies to construction within the County right-of-way. This permit application has not been reviewed or approved for building code, land development code, and/or environmental protection requirements.

"The applicant/owner shall have a copy of the approved permit at all times on the job site"*  
*I certify that I have read the entire permit and agree to the terms stated therein.*

Applicant's signature ___________________________

It is the responsibility of the "Applicant" to notify the Traffic Division at (850) 595-3422 - 24 hours in advance of the time and date this project will start and when the project is finished. Also Contact Sunshine Utility Locate Service 1(800) 432-4770, 48 Hours before you dig call. It's the Law in Florida.

H:\TTO\FOR-000 Form\ROW\Permit_Form2017.doc