

POLE ATTACHMENT PERMIT FORM

30 West 100 South Salem, UT 84653 Phone #: 801-423-2770 Fax #: 801-423-2818

Applicant Name:					
Mailing Address:					
City:	State:	Zip Code:			
	E-Mail Address:				
Tax ID #:	Driver's License #:	State:			
APPLICANT	HEREBY APPLIES TO SALEM CIT	TY FOR:			
Date of Expected Attachment:					
Project Address:					
☐ Pole Attachment					
☐ Pole Relocation Request					
☐ Pole Installation					
Pole Type:					
Transmission					
Distribution					
Service					
Other					
Number of poles required to attack to					
Number of poles requesting to attach to: Number of attachments per pole:					
Number of attachments per pole.					
Type of Attachments:					
CATV					
☐ Phone					
☐ Fiber Optics					
Other					
Permit Application/Pole Attachment Fee: \$	(All normitting fees are	due at the time the annlication is submitted)			
	(var permitting rees are	and at the time the approach is submitted,			
Accepted and agreed to by: (Applicant Signatu	ıre)				
Print Name:					
Date:					
	Office Use Only				
Number of Pole Attachments Requested:	Number of Pole	Attachments Approved:			
Received By:	Permit Fee Paid:				
Permit Approved By:	Date:				

Applicant Name:	
Project Address:	
City:	

Please list poles and attachments below:

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Pole #	Address	Neutral <u>Height</u>	CATV <u>Height</u>	Phone <u>Height</u>	Other <u>Height</u>	Road/Street Crossing	Proposed Attachment			
						<u>Height</u>	<u>Height</u>			