



**CITY OF LAKE OSWEGO**  
**Wireless Communication Facilities**  
**In the Public Rights of Way**  
**Permit Application Cover Page**

City of Lake Oswego Business License No. _____
City of Lake Oswego ROW License No. _____

**INSTRUCTIONS:**

All applicants must submit this application cover page, the Application Checklist, permit nonrefundable application fee, and all other required materials.

The City will review the application and, if approved, return an executed copy to the applicant which will serve as a permit. City staff may deem the application incomplete if the applicant fails to include any required information or materials.

Pursuant to City of Lake Oswego [Wireless Facilities in the Public Rights-of-Way Policy](#), applicants may submit applications by appointment only. Please contact the City of Lake Oswego at [row@lakeoswego.city](mailto:row@lakeoswego.city) to schedule an appointment.

Attachment permit and fees do not authorize an attachment to be located on a structure without the structure owner's consent.

<p><b>Applicant:</b> Name: _____ Company: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____</p> <p><b>Property Owner / Pole Owner:</b> Name: _____ Company: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____</p>	<p><b>Authorized Representative:</b> Name: _____ Company: _____ Mailing Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____</p> <p><b>Property Owner's Signature:</b> _____ Printed Name: _____ Date: _____</p> <p><b>Applicant's Signature: (if different from Property Owner)</b> _____ Printed Name: _____ Date: _____</p> <p><b>Applicant's Request:</b>   <input type="checkbox"/> Small Cell Wireless Facilities   <input type="checkbox"/> Sectional 6409</p>
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<p><b>Site Location and Description:</b> Project Address: _____ APN: _____      Zoning District: _____ Pole Number (if applicable): _____      Present Use of Property: _____ Project Description: _____ _____</p>
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<b>Applicable Shot Clock Period (for informational purposes only):</b> <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 150 days <input type="checkbox"/> OTHER: _____
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<b>Staff Use Only:</b> Pre-Application Meeting _____ Application Submittal Date _____ Completeness Review _____
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