



Network Node # : _____

Network Node – Transport Facility Application Checklist (rev. 02-2020)

GENERAL INFORMATION

- 1) See **Section 78-400** of the Right of Way Ordinance for the design manual for the installation of network nodes and node support poles.
- 2) Application will be reviewed for completion within ten (10) days after submittal to the City.
- 3) All required materials shall be submitted as a paper copy to the ROW Department and in digital format as a PDF, unless specifically instructed otherwise. All digital items shall be submitted via the City’s website following the instructions outlined at www.friscotexas.gov/NetworkNodePermit
- 4) The annual right-of-way rental fees are due to the City when the ROW permit is issued at the pre-construction meeting.

* Check the box when the item is complete and provide the page(s) # that correlates to the item.

APPLICATION CHECKLIST

Item – Transport Facility Application Checklist	Applicant
Is this exclusively in TxDOT Right-of-Way? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, then you will not submit a network node for this type to the City of Frisco? Owner’s Project # _____?	* <input type="checkbox"/> – Pg # _____
How many network nodes are being served by this transport facility? _____	<input type="checkbox"/> – Pg # _____
Transport facilities shall be underground. Aerial power and fiber connections shall not be permitted.	<input type="checkbox"/> – Pg # _____
Geographic Information System (GIS) data submitted to the City as outlined at www.FriscoTexas.gov/NetworkNodePermit . Attach confirmation email from Frisco GIS.	<input type="checkbox"/> – Pg # _____
Scaled dimensional construction and engineering drawings that clearly show the existing public right-of-way line and easements. These drawings also need to show all proposed network node related equipment to be installed and their spacing from the City’s existing utility facilities. Such drawings shall also show a sectional profile of the public right-of-way and identify all existing utilities and utility conflicts.	<input type="checkbox"/> – Pg # _____
Based on the proposed scope of work, Provider shall submit a: Traffic Control Plan Storm Water Pollution Prevention Plan Trench Safety Plan	<input type="checkbox"/> – Pg # _____
The names and telephone numbers of at least two persons serving as emergency contacts for the Provider who can be reached by telephone 24 hours a day, seven days a week, in the event of an emergency.	<input type="checkbox"/> – Pg # _____
If the location of the proposed network node(s) within right-of-way adjacent to a state highway, the Provider must provide an attached permit from the state government.	<input type="checkbox"/> – Pg # _____
Is this a resubmittal? If yes, then you acknowledge that the only changes made were based on the comments from the City of Frisco.	<input type="checkbox"/> – Pg # _____



Applicant/Owner: _____

Phone: _____

Email: _____

Project Address/Intersection: _____

Signature of Applicant

Date
