**STATE OF CONNECTICUT**

 **5G Council**

**APPLICATION FOR REQUEST TO USE STATE LAND FOR 5G TECHNOLOGY**

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

All applicants must be either a wireless carrier or permitted entity (as defined in Public Act No. 19-163).

(PLEASE FILL OUT COMPLETELY)

Description of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(complete street address, if none, provide map/block/lot information and provide plan(s) as needed, size of requested area, longitude & latitude)

Town and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a planned co-location? \_\_\_\_\_ If so, please provide evidence that no technical limitations or additional costs to the original facility will occur by installing new facility.

Property Owner’s Name as noted in the Municipal Land Records and state agency with custody and control, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State, & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other necessary documentation to be submitted:

1. Master Plan or equivalent plan.
2. Health and Safety – facility emissions analysis.
3. Installation – Professional engineer’s report regarding safety and to code.
4. Notice of Development to abutting property owners or owners within 300 feet of the proposed facility.
5. Cyber Security – Evidence that CT Cybersecurity Action Plan standards are met or exceeded.

Applicant/Representative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State, & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this form, the applicant indicates that they are authorized to act on all matters arising from the review of this application. (Please provide certificate of authority)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Applicant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Name (Typed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Title

 Fee: (for 5G Council use) #\_\_\_\_\_

 $\_\_\_\_\_\_\_ Rec'd: \_\_\_\_\_\_\_\_