



FORT WAYNE
Public Works
In Your Neighborhood

ABOVE GROUND UTILITY REVIEW FORM
(SINGLE AND MULTIPLE STRUCTURES)

Application Date: _____

I. APPLICANT

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: (____)_____ Email: _____

II. CARRIER ON BEHALF OF WHOM APPLICANT IS FILED (IF APPLICABLE)

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: (____)_____ Email: _____

III. TYPE OF WORK (CHECK ONE)

☐ Replacement or modification of existing structure/pole (complete sections IV and V)

☐ Installation of new structure/pole (complete sections IV and VI)

IV. EVALUATION REVIEW FOR SITE: _____

Job Site Address(es) -- Comparison with existing

☐ Statements addressing Colocation in application

☐ Address application details for Installations (aesthetics/zoning/compliance/etc.) ?

☐ Identified Conflicting Areas for proposed Location:

V. INSTALLATION APPROVAL, DENIAL OR MODIFICATION

☐

(a) Approval

☐

(b) Approved with the following Conditions:

☐

(c) Modification

☐

(d) Denied as Submitted

V. CITY OF FORT WAYNE PUBLIC WORKS & UTILITY REVIEW BOARD REPRESENTATIVES

DATE RETURNED: _____

RIGHT OF WAY

If **Approved with Conditions**: Application is acceptable – changes are to be made per comments and will be verified in the field or during re-submission. If there are discrepancies from comments per approval –applicant/contractor must make appropriate changes in the field. No new application will be required to be submitted.

If **Modification**: Applicant must re-submit revised plans showing the changes as directed and a new review will be made.

If **Denied**: Significant changes or conflicts with the proposed location as submitted. Applicant must re-submit for a new location.