



Registration Form for Owner of Facilities in Right-of-Way

Registration Required Prior to Issuance of Permit

Registration No. _____

In order to protect the public health, safety and welfare, all Owners of Facilities in the right-of-way are required to register with the Town. Registration and permits will be issued in the name of the person who owns or will own the facilities. Registration must be renewed on or before September 30th of each year. If a registration is not renewed, and subject to 60 calendar days notification to the Owner, the Facilities of the Owner will be deemed to have been abandoned. When any information provided for the registration changes, the Owner will inform the Town of the change no more than 30 days after the date the change is made.

If the Owner is franchised or licensed by the Town of Fairview to use the public rights-of-way, please provide the ordinance number by which such franchise or license was granted. Ordinance No. _____

Section I

Owner of Facilities	
Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Primary Contact for Owner	
Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

24 Hour Emergency Contact for Owner

Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Please list all business names, assumed names, or trade names under which the Owner operates or has operated within the past five (5) years:

(Attach additional sheets if more than two contractors or subcontractors.)

- Contractor
 Subcontractor

Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

24 Hour Contact <i>(for Contractor or Subcontractor identified in last box on previous page)</i>	
Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

<input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	
Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

24 Hour Contact <i>(for Contractor or Subcontractor identified in last box on previous page)</i>	
Company Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Section II

Person(s) who will attend the Utility Coordination Meetings.	
Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Section III

Person(s) who will receive plans of Town construction projects.	
Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Section IV

Person(s) who will be responsible for receiving notification of abandonment issues.	
Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Section V

Proof of Insurance and Bonds

(as required in the Town of Fairview's Right-of-Way Management Ordinance No. 2017-15, as amended)

Insurance Company	
Name	E-mail Address
Address	Phone #
Suite No.	Fax #
City	Mobile #
State	Zip Code

Required Prior to Issuance of Permit: Please attach Owner's original certificate of insurance and proof of bonds to this form. Please attach proof of compliant insurance coverage for all Contractors and Subcontractors.

Section VI

Attachments	
<input type="checkbox"/> Plans of Record	Owner's two-year projections of plans for the construction of facilities in the Town of Fairview are required with this form. Also, on a Town Street Map please identify the locations of Facilities that have been installed and are identified in the Owner's two-year projections of plans for construction. An electronic copy of a Town Street Map is available by request. Please contact the Town of Fairview Engineering Department for a copy of the map. The Plans of Record must be updated and submitted on an annual basis.

Section VII

Certificated Telecommunications Providers	
<input type="checkbox"/> SPCOA <input type="checkbox"/> CCN <input type="checkbox"/> COA	For Agencies that are Certificated Telecommunications Providers, please attach a copy of the Notice of Approval issued by the Public Utility Commission of Texas that grants the Certificated Telecommunications Provider with a service provider certificate of operating authority (SPCOA), certificate of convenience and necessity (CCN), or certificate of operating authority (COA).

Please complete the following information:

Will you be providing local exchange telephone service in the Town of Fairview?

Yes No Not Applicable

If yes, the date on which you project to provide local exchange telephone service in the Town of Fairview.

Section VIII

Certification

I, _____, hereby certify that I am duly authorized to complete this Registration Form
Print Name and Title

on behalf of _____, and that the information provided herein is true and correct
Print Name of Owner

to the best of my ability. I further certify that the Owner registered hereby is providing insurance for itself, its contractors, and subcontractors as required by the Town of Fairview's Right-of-Way Management Ordinance No. 2017-15, as amended.

Dated this _____ day of _____, _____

(Print Name of Owner)

By: _____
Signature

Submit the Registration Form for Owner of Facilities in Right-of-Way to the Town of Fairview Permitting Department located on the first floor of Fairview Town Hall at 372 Town Place, Fairview, TX 75069 or to permits@fairviewtexas.org. Please attention your submission to the Town of Fairview Engineering Department.

For questions regarding the Registration Form for Owner of Facilities in Right-of-Way, please email Town Engineer, James Chancellor, at jchancellor@fairviewtexas.org.