



City of Bellevue  
115 E Pine Street  
P.O Box 825 Bellevue, ID 83313  
208-788-2128 Fax 208-788-2092

## **Wireless Communication Facility Permit**

<b>Applicant Information</b>		
Date:		
Applicant Name:		
Project Name:		
Phone #:	Fax #:	email:
Address:		
Property Physical Address:		
Property Legal Description:		
Ownership of Applicant:		
Current Zoning:		
Square Feet:		
Parking Requirements:		
<b>Project Description</b>		
<b>Acknowledgement</b>		
<b>Application fee: \$500.00</b>		
<p><b>* ALL LEGAL, ENGINEERING AND OTHER CONSULTANT FEES SHALL BE REIMBURSED 100% BY THE APPLICANT.</b></p> <p>*All fees are due to the City of Bellevue for this application. In addition to the application fee, at the time of filing, the applicant shall pay the estimated cost of all transcripts, publication costs, engineer and similar costs to be incurred by the City of Bellevue with regards thereto. If a development, phasing or other agreement is required; the applicant shall reimburse the City of Bellevue for the legal expense incurred. After the actual costs are determined, the applicant shall pay any additional costs prior to the final hearing on the matter. If the estimated cost paid exceed the actual costs, then the City of Bellevue shall reimburse the applicant the difference. The undersigned hereby agrees to comply with all terms and conditions of such Encroachment Permit and to comply with all federal, state and City laws, rules and regulations with regard to all work done relative to such permit. In addition to such Encroachment Permit, the Applicant must apply for and receive Street Excavation Permit (s) for any work to be Ordinance.</p>		
Applicant's Signature: _____		Date: _____
<b>Official Use Only</b>		
Date Received: _____ Check #: _____ CD Director Signature: _____		