

Received Date ___/___/___

Payment Received ___/___/___

SLA # _____



Department of Public Works Traffic Management Division

500 S. Grand Central Pkwy. Las Vegas, NV 89155-4000 (702)455-6000

Site License Application (SLA)

Licensee Name: _____ *Northing ** _____

Site ID: _____ *Easting ** _____

Design District: _____ (Use link: <https://arcg.is/amLCL>)

Pole ID: _____ Applicant (Company / Point of Contact) _____

Signature _____ E-Mail completed application to: InTheWorks@ClarkCountyNV.gov

***Must Provide Site Coordinates in *Northing/Easting*, NAD 1983, State Plane Nevada East, US Survey Feet. Attach maps or additional information as necessary.**

Site Information:

District Install Type (based on design district)

POLE TYPE:

New Site

Type 2

County Owned Steel

Existing Site

Type 3

County Owned Decorative

Power Source:

Type 4

Licensee Upgraded (Dedicated)

Existing Service

Type 5

Smart Pole

LOA Requested

Licensee Owned

New Service

LOA Requested

If known, provide address and meter number of existing power source _____

If site is existing, provide latest **Encroachment Permit #** used for this location: _____

If this is not the first application for this site provide original SLA # and approval date: _____

Do Not Write in this area—For County Use Only

Service Location: _____ Meter Number: _____ N* _____ E* _____ Voltage: <input type="checkbox"/> 120 <input type="checkbox"/> 240 <input type="checkbox"/> 277 Phase(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Service Type: <input type="checkbox"/> Pedestal <input type="checkbox"/> Pole Mounted <input type="checkbox"/> Remote Meter	Main Breaker	Total existing load for each phase: _____ _____ _____ Tested by: _____ Date: _____ Notes: _____ _____ _____ _____ _____ _____																				
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Applicant to Complete the Following Site Information

Pole Model: _____

Pole Manufacturer: _____

Carrier 1: _____

Estimated Power Draw in amps: _____

Carrier 2: _____

Estimated Power Draw in amps: _____

Carrier 3: _____

Estimated Power Draw in amps: _____

Equipment Inventory

WITHIN THE SERVICE PEDESTAL LICENSEE WILL ONLY INSTALL A SINGLE POLE BREAKER AT 30 AMPS MAX

3g,4g,5g,wifi	Equipment List	Associated Carrier	Manufacturer/Model	Plate Rating (Amps)

NOTES: _____

NOTE: Construction Must Be Completed within 9 Months of Approval Date Per County Code 5.02

Licensee Must Return to CCPW Traffic with Encroachment number within 9 Months or Site will Expire

Location Approval:

Encroachment:

By _____ Date _____

No. _____ Date _____

CCPW TRAFFIC MANAGEMENT

LICENSEE

Location Denied Reason: _____