



Tower Application Form

Legal Address: CSX Transportation, Inc.
ATTN: Corridor Occupancy Services
500 Water Street, J180
Jacksonville, FL 32202

Mailing Address: CSX Transportation, Inc.
ATTN: Corridor Occupancy Services
6737 Southpoint Drive South, J-180
Jacksonville, FL 32216

PLEASE NOTE:

1. Frequencies:

A. Any Agreement on CSX properties shall stipulate that any leases will be restricted from communicating in the railroad bands. The band limits according to the FCC (47 CF R90.35) are:

- i) 72 to 76 MHz
- ii) 150 to 170 MHz
- iii) 450 to 470 MHz
- iv) 896 to 901 MHz
- v) 935 to 940 MHz

B. In addition, any installations within one mile of a CSX yard shall also be restricted from operating in the ISM and UNII bands. These bands include:

- i) 902 to 928 MHz
- ii) 2400 to 2500 MHz
- iii) 5.125 to 5.225 GHz
- iv) 5.225 to 5.325 GHz
- v) 5.725 to 5.825 GHz

2. Proximity to Track:

- A. No structure shall be placed within thirty (30) feet of the nearest track.
- B. Ground space must be fenced.

3. Site Inspection:

- A. Customer, or customer's representative, shall be provided with an estimate of cost for CSX to perform any requested site inspection.
- B. Customer, or customer's representative, shall be required to attend any requested site inspection.

CSX Use Only			
GIS Map No.:		Val Map No.:	
PIN No.:		Site ID No.	
Milepost:		Roadmaster:	
Division:		Date Approved:	
Subdivision:		Special Notices:	



APPLICATION FOR TOWER INSTALLATIONS

Legal Address: CSX Transportation, Inc.
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 500 Water Street, J180
 Jacksonville, FL 32202

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 ATTN: Corridor Occupancy Services
 6737 Soutpoint Drive South, J-180
 Jacksonville, FL 32216

Application Date: _____ **CSXT File/Agreement Number:** _____

SECTION 1: FACILITY OWNER INFORMATION TO BE COMPLETED BY APPLICANT

ALL FIELDS MARKED WITH AN ASTERICK (*) ARE REQUIRED FIELDS AND MUST BE COMPLETED

Owner/Legal Company Identification (Required)

*Owner's Complete Legal Company Name:			
Legal Address (1):			
Legal Address (2):			
City:	State:	Zip:	
*Business Type:	Corporation Municipality	Limited Liability Company Limited Liability Partnership	Limited Partnership General Partnership
*State of Incorporation:	Business Type - Describe:		

Billing Address

(Check box if same as above); if not, please complete below.

Billing Address (1):			
Billing Address (2):			
City:	State:	Zip:	

Project Contact Information

*Contact Name:	Contact Title:
Office Phone:	Mobile Phone:
*Email:	*24/7 Emergency Phone:

SECTION 2: PROJECT CONTACT INFORMATION TO BE COMPLETED BY APPLICANT

*Check here if address is the same as the legal address above.
 Check here if you do not wish for all correspondence/Agreement to be sent to this address.*

Project Engineer/Consultant/Agent Information

Engineer/Consultant/Agent Company Name:			
Contact Name:			
Mailing Address:			
City:	State:	Zip:	
Office Phone:	Mobile Phone:		
*Email:			



SECTION 3: PROJECT INFORMATION / LOCATION **TO BE COMPLETED BY APPLICANT**

Structure Information

Collocation:

Tower Type _____
 Tower Owner: _____
 Height: _____
 Tower Lighting: _____
 Quantity of Antenna to be Mounted: _____
 Height of Antenna on Tower: _____
 Ground Space Required: _____
 Transmit Frequencies: _____
 Receive Frequencies: _____
 Power Present: _____
 List other Providers on Tower: _____
 Tower Owner Contact Name: _____
 Tower Owner Contact Phone: _____
 Tower Owner Contact Email: _____

New Tower Construction:

Tower Type: _____
 Tower Owner: _____
 Height _____
 Tower Lighting: _____
 Quantity of Antenna to be Mounted: _____
 Height of Antenna on Tower: _____
 Ground Space Required: _____
 Transmit Frequencies: _____
 Receive Frequencies: _____
 Power Present: _____
 Distance from nearest RR Track: _____

Site Location Information

*City: _____ *County: _____ *State: _____
 Latitude: _____ Longitude: _____ Milepost: _____
 Nearest Street Name: _____ DOT Crossing Number: _____

Site Access

Describe Access to Site:

SECTION 4: PLANS/PHOTOS/AERIALS/MAPS **TO BE COMPLETED BY APPLICANT**

Please provide the following items with submittal:

- | | |
|-----------------|-------------------|
| Tower Structure | Site Sketch |
| Street Map | Site Access Route |
| Aerial Photo | Site Photo |



REVIEW FEE SCHEDULE: OTHER ACTIVITIES		
New Towers		Standard
Tower*	\$	4,000
Tower Co-location	\$	4,000
Modifications	\$	350
Potential Site Review	\$	250 per location
Site Assessments		Standard
Site Assessment	\$	2,500
* Indicates transactions that may require a site assessment or additional fees for consultant services		