



A Applicant Contact Name and Address _____
(Applicant) _____

B Permit Number _____ Director, Technical Services _____ Director, Operations _____
(SNEW) Project Number _____ Manager, Technical Services _____ Manager, Line Operations _____

C No. Solely-Owned Poles Contacted This Permit _____ No. of Brackets Placed This Permit _____
(Applicant) No. Jointly-Owned Poles Contacted This Permit _____ No. of Brackets Placed This Permit _____

Licensee Pole #	Street	Pole Owner	Proposed Attachment	Weight per foot or each?	Over or Underbuild? (O or U)	Bracket Type	SNEW Make Ready Req'd? (Y or N)	Other Co Make Ready Req'd? (TELCO, CATV, or CLP)	Description of Make Ready Work and Material Required

NOTE: In order to process your request, all necessary drawings and/or maps must be attached when sent via email. If they cannot be sent electronically, please contact Technical Services at either techsvcs@snew.org or 203 866-4446.



Pole Data Sheet – Second Taxing District, Norwalk, CT

Form P-2-2 3/1/11

Sheet ___ of ___

Date: _____

A Applicant Contact Name and Address _____
(Applicant) _____

B (SNEW) Permit Number _____ Project Number _____

C (Applicant)

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