

# PERMIT APPLICATION FOR SMALL-CELL FACILITY INSTALLATION WITHIN THE PUBLIC RIGHT-OF-WAY

City of Richmond Heights - Building, Zoning, & Housing Department  
26789 Highland Road, Richmond Heights, Ohio 44143  
Phone (216) 486-2474

APPLICANT INFORMATION	
APPLICANT NAME:	DATE:
COMPANY NAME:	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	EMAIL:
WIRELESS SERVICE PROVIDER (if different from applicant):	
Number of small cell facility installation locations included in this application:	
**NOTE: If more than one, please attach a separate sheet showing the below information for each location.**	
EXISTING STRUCTURE INFORMATION	
STRUCTURE TYPE: <input type="checkbox"/> Utility Pole <input type="checkbox"/> Telecommunications Pole <input type="checkbox"/> Other: _____	
STRUCTURE / POLE ID#:	STRUCTURE HEIGHT:  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>FEET</span> <span>INCHES</span> </div>
STATE PLANE COORDINATES (U.S. SURVEY FOOT):  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>NORTHING</span> <span>EASTING</span> </div>	CLOSEST ADDRESS TO STRUCTURE or BLOCK NUMBER AND STREET:
EXISTING STRUCTURE OWNER:	
NAME OF STRUCTURE OWNER REPRESENTATIVE:	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	EMAIL:
DETAILED DESCRIPTION OF WORK, ACTIVITY, OR USE OF THE PUBLIC RIGHT-OF-WAY	
SIGNATURE REQUIRED	
By my signature, I attest to the best of my knowledge and belief, that the information stated in this application and in all supporting plans and documents is true and accurate.	
SIGNATURE (Applicant) _____	TITLE _____
NAME (Please print) _____	DATE _____
>>>FOR STAFF USE ONLY<<<	
DATE RECEIVED: _____	# OF FACILITY LOCATIONS: _____
PERMIT SPECIALIST: _____	FEE: _____
PERMIT #: _____	