

PERMIT APPLICATION FOR SMALL-CELL FACILITY INSTALLATION ON EXISTING STRUCTURES 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:				
	FEET INCHES				
STATE PLANE COORDINATES (U.S. SURVEY FOOT):					
NORTHING	EASTING				
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					
<p>SIGNATURE REQUIRED</p> <p>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.</p> <table border="0"> <tr> <td>SIGNATURE (Applicant)</td> <td>TITLE</td> </tr> <tr> <td>NAME (Please print)</td> <td>DATE</td> </tr> </table>		SIGNATURE (Applicant)	TITLE	NAME (Please print)	DATE
SIGNATURE (Applicant)	TITLE				
NAME (Please print)	DATE				
>>>FOR STAFF USE ONLY<<<					
DATE RECEIVED: _____	# OF FACILITY LOCATIONS: _____				
PERMIT SPECIALIST: _____	FEE: _____				
PERMIT #: _____					