

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): | CLOSEST ADDRESS TO STRUCTURE or BLOCK NUMBER AND STREET: |
| NORTHING EASTING | |
| 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 #: _____ | |