

APPLICATION FOR CONSENT FOR **SMALL CELL FACILITIES** WITHIN THE PUBLIC RIGHT-OF-WAY



Department of Public Service
 3800 Municipal Way
 Hilliard, Ohio 43026
 hilliardohio.gov
 Phone (614) 876-7361

FOR STAFF ONLY	
Received By:	Date Received:
PERMIT TYPE:	FEE:
Small Cell Facilities Request for Consent	\$250.00/per Small Cell Facilities request

APPLICATION #
RECEIPT #

WIRELESS SERVICE PROVIDER INFORMATION (OPERATOR)			
Applicant Name	Business Address	Business Phone	
Contact Name	City	State	Zip
Contact Name Title	24-hour Contact Phone	email	

VENDOR INFORMATION			
Vendor Name	Business Address	Business Phone	
Contact Name	City	State	Zip
Contact Name Title	24-hour Contact Phone	email	

PROJECT INFORMATION	
Total quantity of Small Cell Facilities locations included in this application:	
If more than one (1) small cell facility, see SUBMISSION REQUIREMENTS section on this form.	

SITE LOCATION				
	UPON APPROVAL FOR THIS SITE LOCATION ONLY			
	Installation Start Date	Month	Day	Year
	Installation Finish Date	Month	Day	Year

Job or Project Number: No Job or Project number associated with this work request.

Contractor will be given 180 days after issuance of permit (Application For Consent Wireless Support Structure For Within The Public Right-Of-Way.) Start of construction is the date the permit was issued, provided the actual start of construction, repair, addition, placement, or other improvements was within 180 days of the permit date.

Provide construction details below:

Equipment: cabinet (BTS) radio head battery backup cooling unit surge protector other

Tower: lattice tower monopole tower guyed tower concealed tower other

Antennas: MIMO LTE other

Collocating? (If yes, specify type of pole or structure below.) yes no

Type of pole or structure collocating: utility pole street light pole traffic signal pole other

Comments:

SUBMISSION REQUIREMENTS

- a. Application fee (\$250.00 per small cell facilities)
- b. Site plans and structural calculations showing adherence to City of Hilliard Design Guideline for small cell facilities.
- c. Manufacturer's specifications on antennas, enclosures, and all other wireless equipment.
- d. Right-of-Way permit application and fee (per small cell facilities)
- e. Electronic file containing CAD, CSV, SHP, and/or Excel file via USB or CD medium (See Electronic CAD checklist sheet)
- f. Supplemental facilities sheet if more than one (1) small cell facilities are included in the application
- g. Written Authorization to perform the Specific Work for which Consent has been Requested on behalf of an Operator (if applicable)

INSPECTION

Prior to starting work, the Applicant shall call the City's Construction Inspector at (614) 604-4662. The Applicant agrees to restore all facilities disturbed by this work to a condition equal to or better than prior to construction within 30 days after the conclusion of any utility repair or installation. The Applicant agrees to perform all construction activities in accordance with the requirements of the City of Hilliard and the City of Columbus Construction & Material Specifications. The Applicant agrees to follow all applicable requirements in Chapter 907 of the City's Codified Ordinances, Design Guidelines, and Ohio Revised Code Chapter 4939.

FOR STAFF USE ONLY**EVALUATION**

Interferes with pre-existing communication facility	<input type="checkbox"/> yes	<input type="checkbox"/> no
Interferes with planned communication facility	<input type="checkbox"/> yes	<input type="checkbox"/> no
Impedes public safety or public health, safety, and welfare.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lacks all required approvals from all departments, agencies with jurisdiction over property	<input type="checkbox"/> yes	<input type="checkbox"/> no
Negative aesthetic impact	<input type="checkbox"/> yes	<input type="checkbox"/> no
Proposed facility location conflicts with public project in progress	<input type="checkbox"/> yes	<input type="checkbox"/> no
Exceeds size requirements for small cell facilities	<input type="checkbox"/> yes	<input type="checkbox"/> no

NOTES**SIGNATURE REQUIRED**

The Applicant or the Authorized Representative have read and understand the contents of the application. The information contained in this application, attached exhibits, and other information submitted is complete and, in all respects, true and correct, to the best of my knowledge and belief.

Signature	Date
Print Name	

CONDITIONS OF APPROVAL

The City of Hilliard hereby grants permission to the Applicant to perform the above requested work.

Approved By:	Date:
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