



# SMALL CELL FACILITIES PERMIT APPLICATION

300 E. Central Ave.  
 West Carrollton, OH 45449  
 Phone: 937-859-5783  
 FAX: 937-859-3366  
[www.westcarrollton.org](http://www.westcarrollton.org)

<b>Closest Address</b>
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<b>Coordinates</b>
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<b>Construction Value</b>
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<b>Detailed Description of Work, Activity, or Use of the Public Right Of Way</b>
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Name	Street Address	City	ST	Zip Code	Phone #
Structure Owner (If Applicable)					
Wireless Carrier Representative					
Contractor					
Designer of Record					
Applicant					
Applicant's Email Address					

**PROJECT TYPE:**

Collocation on Existing Wireless Support Structure and Associated Small Cell Facilities (**Type 1 Request**)

\_\_\_\_\_

(e.g. utility pole, traffic signal, light pole, etc.)

Pole ID # \_\_\_\_\_ Pole Height \_\_\_\_\_ Pole Material \_\_\_\_\_

Pole Color \_\_\_\_\_

New Wireless Support Structure and Associated Small Cell Facilities (**Type 2 Request**)

Removal of Wireless Support Structure and/or Associated Small Cell Facilities (**Type 3 Request**)

Eligible Facilities Request (**Type 4 Request**)

**ALL WORK MUST COMPLY WITH APPLICABLE CODES AND EASEMENTS.**

**I, the undersigned, do hereby affirm that the statements are true and correct and also agree to comply with the provision of the ordinances of the City of West Carrollton. The proposed work is authorized by the owner in fee and I have the authorization to make this application.**

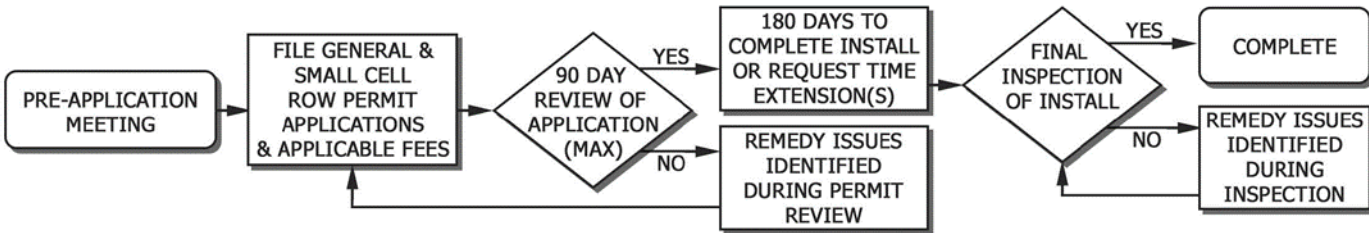
**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Owner  Contractor  Carrier Rep.

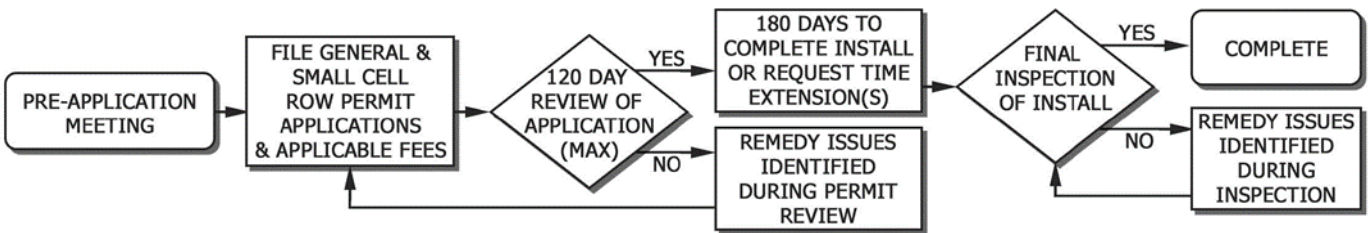
**Date:** \_\_\_\_\_

# Permit Application Process

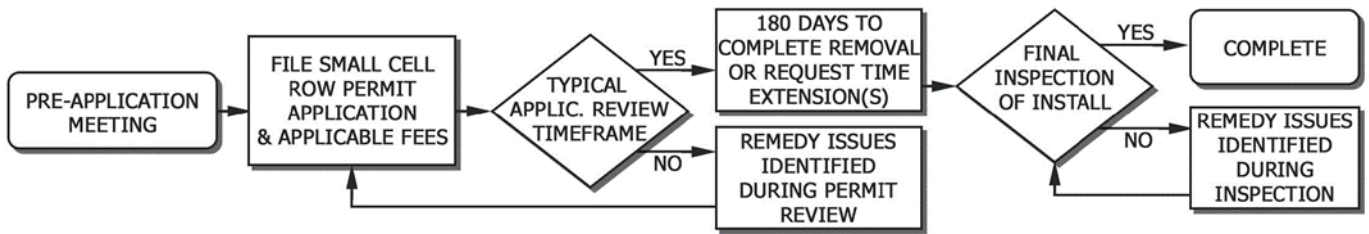
## Collocation on Existing Wireless Support Structure and Associated Small Cell Facilities (Type 1 Request)



## New Wireless Support Structure and Associated Small Cell Facilities (Type 2 Request)



## Removal of Wireless Support Structure and/or Associated Small Cell Facilities (Type 3 Request)



## Eligible Facilities Request (Type 4 Request)

