

Bradley D. Sellers, Mayor



Benjamin W. Brown, Building Commissioner

**APPLICATION  
FOR WORK PERMIT TO SERVICE OR MODIFY  
EXISTING SMALL CELL FACILITY IN PUBLIC RIGHT OF WAY**

|                          |             |                                     |                  |
|--------------------------|-------------|-------------------------------------|------------------|
| <b>Application Date:</b> | <b>Fee:</b> | <b>Consent to Install Permit #:</b> | <b>Permit #:</b> |
|--------------------------|-------------|-------------------------------------|------------------|

Project Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Location, Landmarks, etc. \_\_\_\_\_

Project Name and Description of "Small Cell Facility" : \_\_\_\_\_

**BUSINESS BEFORE THE ADMINISTRATION**

(Check all that apply below)

- New Structure     Existing Structure     Residential     Commercial

Description of Project: \_\_\_\_\_

Number of Facilities: \_\_\_\_\_ Number of Support Structures: \_\_\_\_\_

**Cost Information:** Estimated Cost of Project: \$ \_\_\_\_\_

Facility Owner's Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Facility Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECK LIST** - The following information **must** be included with each application packet. Without these materials, the application will be viewed as incomplete and will **not** be accepted for review by the Administration.

**ALL APPLICATION PACKETS MUST INCLUDE:**

- Cover Letter describing the work
- Completed, signed application form
- Signed Indemnification Statement
- Signed letter of consent from Facility Owner, with proof of agent relationship for each small cell facility / support structure
- Proof of Valid Business Registration with OH Sec. of State for each business listed in the application packet
- Valid Liability Insurance Certificate pursuant to Cod. Ord. 1339.03(h)  
\*NOTE: Upon approval of the application and pursuant to Cod. Ord. 1339.03(i), a Performance Bond will be required.

**Modification Of Existing Equipment**

- 4 copies of entire application
- For each small cell facility and support structure:
  - Affidavit from Professional Engineer that the small cell facility and support structure meets all Federal and State laws.
  - Affidavit from Professional Engineer stating the noise emissions complies with the City’s Noise ordinance Chap. 511
  - Written approval from applicable Utility Companies giving approval if utilizing existing power poles or facilities.
  - A Manufacturer’s sheet showing size, color, materials, and depiction of proposed equipment and existing equipment to be replaced.

**Service Of Existing Equipment**

- 6 copies of entire application

Application Fee: \$270.00 per Small Cell Facility

All fees must be in the form of a company check, certified check, bank card, or money order.  
We do not accept cash or personal checks.

**PROJECT DATES**  
 Anticipated start date: \_\_\_\_\_  
 Anticipated end date: \_\_\_\_\_

**TOTAL FEES: \$ \_\_\_\_\_**

**FOR OFFICE USE ONLY**

Received for Review by Building Department

\_\_\_\_\_  
 Building Department Date

APPROVED for Work Permit by City Administration

\_\_\_\_\_  
 City Engineer Date

\_\_\_\_\_  
 Building Commissioner Date

- All sections of application completed
- All required attachments are included
- All required sets are included
- All required fees have been collected

**Administration Action/Date/Remarks**

|                                     |                 |                |
|-------------------------------------|-----------------|----------------|
| Supplemental information:           | Requested _____ | Received _____ |
| Remaining Supplemental information: | Requested _____ | Received _____ |
| Remaining Supplemental information: | Requested _____ | Received _____ |



# City of Warrensville Heights

Building Department  
4743 Richmond Road  
Warrensville Heights, Ohio 44128  
(216) 587-1230  
Fax (216) 587-1257

Bradley D. Sellers  
Mayor

Benjamin W. Brown  
Building Commissioner

## INDEMNIFICATION STATEMENT SMALL CELL FACILITY APPLICATIONS

PROJECT ADDRESS: \_\_\_\_\_  
PARCEL#: \_\_\_\_\_  
APPLICATION DATE: \_\_\_\_\_  
PERMIT #: \_\_\_\_\_

Pursuant to Section 1339.03(g) of the City of Warrensville Heights' Codified Ordinances and Section 4939.039 of the Ohio Revised Code, as the operator or person who owns or operates the small cell facility or wireless support structure being applied for, I hereby certify that I shall indemnify, protect, defend, and hold the City of Warrensville Heights and its elected officials, officers, employees, agents, and volunteers harmless against any and all claims, lawsuits, judgments, costs, liens, losses, expenses, fees to include reasonable attorney fees and costs of defense, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including personal or bodily injury or death, property damage or other harm for which recovery of damages is sought, to the extent that it is caused by the negligence of myself, the operator who owns or operates small cell facilities and wireless service in the public way, any agent, officer, director, representative, employee, affiliate, or subcontractor of myself, the operator, or their respective officers, agents, employees, directors, or representatives while installing, repairing, or maintaining facilities in a public way.

### **Small Cell Facility Owner:**

\_\_\_\_\_  
Print Name Signature Date

### **Small Cell Facility Operator:**

\_\_\_\_\_  
Print Name Signature Date