

Application for Small Cell Facility Permit

Application			
Applicant's Name (Company & Contact)		Phone	e-mail
Facility Owner's (Company) Name		Address	Phone
Facility Operator's (Company) Name		Address	Phone
Site Information			
Nearest Address		Nearest Cross Street	
Nearest Parcel Number		Site Coordinates (Latitude/Longitude):	
Facility Owner Site and/or Pole #		Operator Site and/or Pole #	
Surrounding Zoning Districts			
North	East	South	West
Historic District	Status of Historic Review Commission's Action		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Case Number:		
Project Information			
<input type="checkbox"/> New Installation	<input type="checkbox"/> Collocation	<input type="checkbox"/> Replacement/Modification	<input type="checkbox"/> Removal
Accompany Application:	<input type="checkbox"/> Aerial Map	<input type="checkbox"/> Street View Image	<input type="checkbox"/> Site Plans & Structural Calculations
<input type="checkbox"/> Traffic Control Plan	<input type="checkbox"/> Photo Simulations	<input type="checkbox"/> Equipment Specifications	<input type="checkbox"/> Electrical Service Drawings
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/> Indemnification Statement	<input type="checkbox"/> RF compliance audit affidavit	<input type="checkbox"/> Removal Bond or equivalent
<input type="checkbox"/> Evidence of owner's authorization to collocate on the existing structure, if applicable			
Pole Height:	Pole Material:	Construction Start Date:	
Do the Applicant, Owner, and Operator certify that the proposed Small Cell Facility fully complies with all local, state and federal regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>The undersigned represent and warrant to the City of Mount Vernon that the information contained in this Application, plus all attachments and exhibits referenced, are true and correct. The undersigned agree to comply with all terms and conditions in this application and all present and future federal, state, and local laws, rules, regulations, policies, statutes and ordinances which are incorporated by reference in this application.</i>			
By:		Date:	
Status of Application			
Code Review _____ Date: _____		Site Review _____ Date: _____	
Comments:			
<input type="checkbox"/> Application approved		<input type="checkbox"/> Application Rejected	
Comments			
By: City Engineer		Date:	
Permit Fee upon approval \$275	Date Paid/Permit Issued:		
	Receipt Number	Cash	Check#

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INDEMNIFICATION STATEMENT
SMALL CELL FACILITY APPLICATIONS

Pursuant to Section 1184.05(d) of the City of Mount Vernon’s 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 Mount Vernon 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 right of 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 right of way.

Small Cell Facility Owner:

Company Name

Representative

Date

Title

Small Cell Facility Operator:

Company Name

Representative

Date

Title