

SMALL CELL FACILITY APPLICATION

Please Return To:

Department of Neighborhood Development Services
PO Box 911, City Hall,
Charlottesville, Virginia 22902
Telephone (434) 970-3182 Fax (434) 970-3359



FEE: See attached fee schedule

A. WIRELESS SERVICE PROVIDER INFORMATION

Service Provider Name: _____

Mailing Address: _____

Telephone number: _____ Email address: _____

B. WIRELESS SERVICE PROVIDER'S AGENT INFORMATION (IF NECESSARY)

Service Provider's Agent Name: _____

Mailing Address: _____

Telephone number: _____ Email address: _____

C. APPLICANT'S REQUEST

1. General description of the scope of work necessary for the construction or installation and the purpose of the small cell facility: _____

2. Include a site plan with sufficient detail to show the proposed location of all items the applicant seeks to construct or install on existing structures, and on the ground within the public right-of-way, including any manholes, poles, or other structures, and the size, type, and depth of any conduit, enclosure, or cabinets.

3. Include written authorization to act as the agent of the wireless services provider, and to make binding representations and commitments on behalf of such provider, for and in connection with this application, if applicant is not the wireless services provider.

4. Include the names, addresses, telephone numbers, and e-mail addresses of all consultants, if any, acting with the applicant with respect to this application.

5. For facilities proposed to be located on an existing structure within the public right of way, include (a) evidence that the applicant has permission from the owner of the structure to co-locate equipment on each such structure, and (ii) evidence of City Council's approval of a right of way use agreement.

6. An attestation that the construction of the proposed small cell facility(ies) will commence within two years of final approval and be diligently pursued to completion, unless the City and the applicant agree to extend this period.

To the best of my knowledge, the information contained within this application is true,

Signature of Applicant(s)

Print

FOR OFFICE USE ONLY

Date Paid: _____ Amt. Paid: _____ Check #: _____ Recorded by: _____

Fees Schedule & Calculation

Fees:

First five (5) small cell facilities	\$100/each	
Each additional facility, up to 35	\$50/each	
New Small Cell Wireless Support Structure	\$500	
Total		