SMALL CELL FACILITIES (SCF) PERMIT APPLICATION City of Canton, OH

Submit applications to: Canton City Engineering Dept

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anton city Engineering Dept.	
436 30 th St NE, Canton, OH	
ngineering@cantonohio.gov	

City: SCF Permit Application No.

City: Date & Time Application Received

City: Date Application Approved

and Reviewer's Initials

\$250

\$250

Applicant Information: Application Type (Check all that apply): Date of Permit **Small Cell Minor Permit** -Removal/Replacement of small cell facilities on a wireless support structure w/o substantial change. 60 day review. Owner Small Cell Facility Small Cell Substantial Permit -Installation of new small cell facilities or removal/replacement of small cell facilities constituting a substantial change. 120 day review Wireless Support Structure Permit **Owner Mailing Address** -Construct, modify, or replace a wireless support structure in rightof-way. 120 day review Attachment to City-Owned Wireless Support Structure Owner Contact Name -Request to install on city-owned infrastructure within city right-ofway or utility easements \$200 annually Owner Contact Phone Number **Applications includes** (check all items included with application) **Owner Contact Email Address** Radio Frequency Compliance Affidavit. Regulatory Authorization to locate in Public Right-of-Way. Authorization from owner to locate on wireless support structure. Applicant or Representative/Agent (if other than Owner) Site Plan and Structural Calculations. Equipment and Enclosure Specifications. **Applicant Mailing Address** Statement of intent. Bond or proof of financial mechanism to install, maintain, and remove facilities. **Applicant Contact Name Applicant Contact Phone Number Proposed Antenna Location: Applicant Contact Email Address** Northing (U.S. Feet +/-1 ft) Easting (U.S. Feet +/-1 ft) Current State Plane Coordinate (OH-North Zone-3401) OR SCF Project Name SCF Project Number Latitude (N XX°XX'XX.XX") Longitude (W XX°XX'XX.XX") WGS84 Unique Antenna Id (Alpha-Numeric Characters only, 24 max.) Proposed SCF Location (Nearby Address or Street Name and Elevation (XXXX FT +/-1 ft) NAVD 1988 (or specify other datum) approximate distance from nearest intersecting Street)