

SMALL CELL FACILITY - APPLICATION
PERMIT # _____

SMALL CELL FACILITY CITY OF PLYMOUTH Ordinance 2019-2146R	Application	Submit to: City of Plymouth Engineering Dept. 900 Oakhill Ave Plymouth, IN 46563 publicworks@plymouthin.com
	Application Date: _____	

Applicants Project ID: _____

Project Address: _____

Project Design-Location Summary: _____
(street location description & distances)

State Plane Coordinates: NAD83 Indiana East State Plane Coordinate System

Applicant: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____	Owner: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____
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Small Cell Facility Type of Installation

<input type="checkbox"/> New Installation	_____
	<i>Type of Support Structure:</i>
<input type="checkbox"/> Modification of an Existing Structure	_____
	<i>Owner of Existing Structure:</i>
	<i>Structure Identification / Type:</i>
<input type="checkbox"/> Existing Structure	_____
	<i>Owner of Existing Structure:</i>
	<i>Type of Existing Structure:</i>
	<i>Structure Identification</i>

Small Cell Facility Height

<input type="checkbox"/> 50' measured from grade	_____
	<i>Height:</i>
<input type="checkbox"/> Height of any utility pole in place on 7/1/2017 within 500' plus 10'	_____
	<i>Utility Pole Height:</i>
	<i>Utility Pole Location:</i>
	<i>Utility Pole Identification:</i>

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Project Address: _____	

<p>Structural Engineer</p> <p>Company: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>License #: _____</p>	<p>Foundation Engineer</p> <p>Company: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>License #: _____</p>
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<p>Equipment-Antenna-Electrical Engineer</p> <p>Company: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>License #: _____</p>	<p>Civil/Site Engineer</p> <p>Company: _____</p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>License #: _____</p>
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- All designs and plans shall be designed by and certified by an Indiana Licensed Professional Engineer or Architect in good standing and qualified to work in said area
- The Small Cell Facility Supplemental Application shall be completed and submitted with this Application.
 - In order to work in the City of Plymouth right of way a Work in the Right of Way Permit is required. A separate application is needed to identify the contractors working on the project.

Name: _____ **Signature:** _____

Printed or Typed Name

A \$100.00 application per Small Cell Facility is due at the time the application is submitted.

This section is to be completed by the City of Plymouth.	Check #: _____
City Project Number & Name: _____	
Date Received: _____	Received by: _____
10 Day - Date: _____	By: _____
Date of Technical Review Committee Approval: _____	
Name: _____	Signature: _____
City Permit Number: _____	