

Date:____

City of Vestavia Hills, Alabama Small Cell Facilities for <u>Co-Located Facilities</u> Application

مرين السنة					
For Staff Use Only:					
Application Submitted: Date:		/Time:			
Date Accepted as Complete:					
Received by:					
Please fill out this form completely, supplying application is not complete with all required documentation is furnished pursuant to Ord	d documentation, the application v				
	APPLICATION	[<u>:</u>			
Indicate one contact person for the	is request: Applicar	nt Representative			
Applicant (individual making the	request):				
Person/Company Name					
Mailing Address					
Contact Email	Contact Phone	Fax Number			
Representative/Agent (if different from the applicant)					
Person/Company Name					
Mailing Address					
Contact Email	Contact Phone	Fax Number			
The undersigned acknowledges that requirements may be identified during the fulfillment of such requirements	ng the review of this small c	ell telecommunication permit applic			
Signature of Applicant or Represent	ative Printed nam	ne of Applicant or Representative			

Address/Tax Parcel ID # of proposed location Legal Description and/or Tax Parcel ID Number of proposed location Is Support Structure located in public Right-of-way? ______ Yes _____ No Support Structure Owner: **Contractor Information:** Name of Contractor Address City______State_____Zip____ Phone_____Licensed? Yes No Mobile Phone _____ Email____ License Numbers: City of Vestavia Hills License No._____ State of Alabama License No.____ Bid Limit

General Information (please provide detailing information as required by Ordinance 2814).

Application Checklist:

Submit the following information with this application in PDF format to the City Clerk of the City of Vestavia Hills. With the exception of the original application and all fees, hard copies are not required. All applications and required information shall be obtained simultaneously at the Office of the City Clerk, 2nd Floor, 1032 Montgomery Highway, Vestavia Hills, Alabama 35216. Applications will not be processed until all required information is received. All applicable plan review, application fees and permits fees shall be collected at the time the permit is issued.

- Completed Application (original).
- If the facilities will be located on a support structure on the right-of-way that is owned by any entity other than the City or the Applicant, a copy of any license, lease, agreement or other documentation evidencing that the owner of the support structure authorizes the facilities to be attached thereto or agrees in principle to authorize that attachment, provided that, if a representation is made to the City that the attachment has been authorized in principle by the owner of the Support structure but the applicant subsequently fails to furnish the City documentation that finalized any such agreement, the City may refuse to issue the requested permit until that documentation is proved or, if the City issues the requested permit before receiving such final documentation, the subject permit may be revoked and any license to use that part of the right-of-way rescinded.
- If not located within the City right-of-way, a signed letter from the owner of the property indicating the intent and agreement to allow co-location of facilities.
- A map of the geographic area that will be served and demonstrating the need for placing the facilities.
- A map showing existing or planned small cell facilities within 500 feet of the proposed site.
- A map that shows other potential standalone locations considered for the proposed facility.
- A scaled site plan including:
 - o Property boundaries;
 - o Proposed facility and exact location;
 - o Existing land use;
 - o Surrounding land uses and zoning;
 - o Character of the area including surrounding buildings, properties, and uses;
 - o Whether the appearance and placement of the requested facilities is aesthetically consistent with the immediate area;
 - Whether the facilities are consistent with the historic nature and characteristics of the requesting location;
 - o The Applicant/Provider's network coverage objective
 - o Site access location and surface material;
 - o Existing and proposed structures and topography;
 - o Proposed landscaping, fencing, parking areas, signage and lighting.
- Street right-of-way excavation detail as needed by the City Engineering Division.
- Engineering drawings depicting the type of facilities, support structure and means and points at which such facilities and associated accessory equipment will be attached to a support structure.
 - o This is to include elevations and/or renderings of the proposed facility.
- A description of why the proposed location is superior, from a community perspective, to other potential locations, including consideration for the following factors:
 - Visual aspects
 - o Setbacks
 - o Proximity to single-family residences

City Engineer: Recommend Approval: _ Comments:	Not Recommend Approval:
Comments.	
Building Official: Recommend Approva	al: Not Recommend Approval:
IT Director: Recommend Approval: Comments:	Not Recommend Approval:
Zoning Official: Recommend Approval: Comments:	Not Recommend Approval:
GIS Specialist: Map location?	Yes/ No

For Staff Use Only: (Routing Form):

Comments

For Staff Use Only: (Permitting Form):

Small Cell Fa	acility Permitting Form	1:		
Facility Loca	tion:			
This Facility	has been: Approved:		Denied:	
Fees Due from	m this request:			
Permit Application and Review Fee: Initial Permit Issuance Fee: Annual License Fee (if applicable) Total Due at Issuance:		icable)	\$ 100.00 \$ 000.00 \$ 270.00 \$	
Approved by	:			
Permit Numb	oer:			
Issued by:				
(Please retur	n copy of permit and th	his form to the Office	of the City Clerk)	
Accounting:	Permit Fees: Annual License Fee:			