

Public Services Admin Building
301 E. Cork Street
Winchester, VA 22601

Telephone: (540) 773-13640
FAX: (540) 662-3351
Website: www.winchesterva.gov

Date of Submission: _____

Small Cell Application for Work in the City Right-of-Way

Section 1

Document Submission Checklist

- Proof of Franchise or License Agreement
- Proof of City of Winchester Business License License No.: _____
- Completed Application
- Traffic Control Plan
- Structure Location Map
- Certified Survey of Work Area
- Elevation Drawing
- Photo Simulation of Wireless Support Structure

The noted submission list of documents must be attached in order to process your permit. All contractors and subcontractors are required to obtain a City Business License from the City Commissioner of Revenue.

Permittee/Contractor Information

Location of Work

Street Address(es) – Location of Work Area: _____

Permittee/Contractor Information Wireless Provider _____

Company or Contractor

Telephone Number

Address

City, State & Zip Code

Email Address

24 Hour Emergency Contact

Name

Telephone Number

Scheduled Work

Estimate Start Date: _____ Estimated Completion Date: _____
(Extensions can be requested through email notification to the Public Property Coordinator in the Public Services Department)

The work is to be completed within thirty (30) days from the date of the permit or in a time frame established by consent of the Public Services Director or his designee. If work is not completed within that time, the permit will be cancelled, and a new permit will need to be issued.

Check All Applicable

- | | | |
|--|---|---|
| <input type="checkbox"/> Curb/Sidewalk | <input type="checkbox"/> Directional Boring | <input type="checkbox"/> Above-Ground Utility |
| <input type="checkbox"/> Street Pavement | <input type="checkbox"/> Driveway Apron | <input type="checkbox"/> Building/Zoning Review |

Other: _____

Sidewalk Closure Requested? Yes No

Lane Closure Requested? Yes No

Official City Use

Arborist/Building/Zoning Inspector: _____ Date: _____

Arborist/Building/Zoning Notes:

Arborist/Building/Zoning Request

- Approved
 Denied

Reason for denial: _____

Letter Produced (Department: _____ Initial: _____ Date: _____)

Section 2

Worksheet – Proposed ROW Work

1	Location of Work – specific names of street(s) (list all): (Please list closest addresses if multiple locations)	
2	How many lanes at this location?	
3	How many lanes will need to be closed at any time?	
4	If multiple lanes: Will all lanes be closed at the same time?	
5	If multiple lanes: Will both directions of travel be affected?	
6	Is the proposed ROW work within 100 feet of an intersection?	
7	Is this a MOBILE or STATIONARY operation?	
8	Duration of work?	<input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15 minutes – 1 hour <input type="checkbox"/> Greater than 1 hour
9	Planned Hours of Work	
10	Number of Days of Expected Work	
11	Applicable traffic control plan attached?	
12	Scaled map of the work area attached?	
13	Provide a narrative description of the proposed work in the ROW:	
14	Planting/Tree Trimming/Tree Removal Narrative:	

**PERMIT APPLICATION FOR SMALL-CELL FACILITY INSTALLATION
ON EXISTING STRUCTURES WITHIN THE PUBLIC RIGHT-OF-WAY**

Department of Public Services – Right-of-Way Management

15 N. Cameron Street, Winchester, Virginia 22601

rowpermit@winchesterva.gov | Julie.carter@winchesterva.gov

540-662-9864

Section 3

EXISTING STRUCTURE INFORMATION	
STRUCTURE TYPE: <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> TELECOMMUNICATIONS POLE <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER: _____	
STRUCTURE/POLE ID#:	STRUCTURE HEIGHT: _____ FEET _____ INCHES
CLOSEST ADDRESS TO STRUCTURE or BLOCK NUMBER AND STREET:	
EXISTING STRUCTURE OWNER:	
NAME OF STRUCTURE OWNER REPRESENTATIVE:	
<input type="checkbox"/> PROOF OF AGREEMENT WITH OWNER ATTACHED	<input type="checkbox"/> STAFF REVIEW OF AGREEMENT
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	EMAIL:
DETAILED DESCRIPTION OF WORK, ACTIVITY, OR USE OF THE PUBLIC RIGHT-OF-WAY	
SIGNATURE REQUIRED	
By my signature, I attest to the best of my knowledge and belief that the information stated in this application and in all supporting plans and documents is true and accurate.	
_____ SIGNATURE (<i>Applicant</i>)	_____ TITLE
_____ NAME (<i>Please Print</i>)	_____ DATE
STAFF USE ONLY	
DATE RECEIVED: _____	# OF FACILITY LOCATIONS: _____
RECEIVED BY: _____	FEE: \$ _____
PERMIT #: _____	_____
_____	_____
_____	_____

Requirements for Work

1. All work is to be performed in compliance with Chapter 26 of Winchester City Code and City Standards.
2. The work is to be completed within thirty (30) days from the date of the permit or in a time frame established by consent of the Public Services Director or his designee. If work is not completed within that time, the permit will be cancelled, and a new permit will need to be issued.
3. This Permit must be kept on the work site and shown on request. All subcontractors must be supplied with this permit and restrictions/instruction communicated for public safety.
4. Compaction tests may be required on all major roadways and in other circumstances at the discretion of the City. If compaction tests are required, a copy of each test will be furnished to the Public Services Department before final restoration is made and the job accepted.
5. Traffic control is the responsibility of the applicant and all methods shall be approved by the Public Services Department prior to commencing work. The applicant shall submit a traffic control plan for approval and furnish any and all devices necessary for implementing the approved traffic control plan, including but not limited to signs, cones, barrels and flagmen.
6. Restoration shall be in accordance with the City of Winchester Standards Manual. Located at: <https://www.winchesterva.gov>
7. Any pavement cut not completed, and which will be left open for more than (1) day, shall be backfilled to surface elevation and sealed with temporary asphaltic emulsion mix (cold mix) or other approved method. Grade 21-A used alone will not be permitted. Any contractor or utility company found not meeting this requirement will be asked to leave the job.
8. Applicant shall provide to the Public Services Department the name of at least one contact person and a phone number where they can be reached 24 hours a day. This person shall be responsible for repairing any ditch of the applicant within 2 hours of notification by a Public Services Employee. Any ditch not being repaired by the applicant within the allotted time will be repaired by the Public Services Department or their agent and the costs of this work, plus administration costs will be charged to the applicant. This cost will include labor, materials, vehicles, overtime if necessary, and standby time, if warranted. The minimum charge for this work will be \$500.
9. Applicant agrees to be responsible for any settlement or deterioration of the work for a period of one (1) year after acceptance of final restoration by the Public Services Department. If applicant fails to remedy any defects in the ditch within ten working days

after notification by the Public Services Department, those repairs may be made by the Department or its agent, and the cost of such repairs, plus administrative costs will be billed to the applicant.

10. All work must be completed between the hours of 9:30am and 2:30pm, unless permission is granted for working outside these hours.
11. Contractor is responsible for notifying emergency services at the time of street closure and street re-opening. Please call 540-662-4131 to give notice of closings and openings.
12. Public Utility companies desiring to work in the street shall submit proof that an active franchise/license agreement or City contract is in effect.

Certification

Upon receipt of the requested permit, the applicant, his successors or assigns, agrees to indemnify and save harmless the City of Winchester from all claims for damages to persons or property by reasons of opening, installation or maintenance of any facilities in said street, alley or right-of-way, by virtue of this application.

I have read and understood all requirements outlined in this application package for Work in the City Right-of-Way. I hereby certify that I am authorized to make this application on behalf of the listed applicant and we agree to conform to all applicable laws, codes and ordinance of the City of Winchester and the regulations, MUTCD and Miss Utility "Call Before You Dig" regulations.

By signing this permit, I accept all liability associated with this encroachment.

_____	_____
Applicant Signature	Date
_____	_____
Print Name and Title	Phone # to call for permit



WATER OR SEWER? EMERGENCY?

First, call the
City of Winchester's
Utilities **24/7** Emergency
Hotline: 540-686-7173

(Monitored by City staff for quick response)

Winchester
public services *Virginia*

www.WinchesterVA.gov/utilities



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