

**FCC Form 854
 Main Form**

Approved by OMB
 3060-0139
 See Instructions
 for public burden estimate

Application for Antenna Structure Registration

Purpose of Filing (Select only one) (NE)

1) NE - Registration of an antenna structure that has not been registered MD - Modification of registered antenna structure CA - Cancel Registered Structure AU - Administrative Update DI - Notification of antenna structure dismantlement (structure no longer exists)	WD - Withdraw pending application(s) for registration AM - Amend pending application for registration NT - Required Construction/Alteration Notification DU - Request for Duplicate Registration - no changes OC - Ownership Change
2A) For purpose codes WD or AM , provide the file number of the pending application currently on file with the FCC.	File Number:
2B) If purpose codes of MD, CA, AU, DI, NT, DU or OC , provide FCC Antenna Structure Registration Number.	FCC ASR Number:
2C) If purpose code is MD or NT , provide date constructed or last altered (mmddyyyy).	
2D) If purpose code is DI , give date of dismantlement (mmddyyyy).	

Antenna Structure Ownership Information

3) Owner/Assignee FCC Registration Number (FRN):	4) Assignor FCC Registration Number (FRN):		
5) Legal Owner of Structure/Assignee (if individual):	First Name	MI:	Last Name:
6) Business Name (if other than individual): DAVIDSON HOTEL COMPANY DBA = CROWNE PLAZA HOTEL			
7) Attention To: CONTROLLER			
8) P.O. Box:	And/Or	9) Street Address: 4445 MAIN	
10) City: KANSAS CITY	11) State: MO	12) ZIP Code: 64111	
13) Telephone Number: () (816) 531-3000		14) E-Mail Address:	

Contact Representative Information (If the Owner/Assignee is a business or contact representative is different from the Owner/Assignee)

15) First Name:	MI:	Last Name:	Suffix:
16) Business Name:			
17) P.O. Box:	And/Or	18) Street Address:	
19) City:	20) State:	21) ZIP Code:	
22) Telephone Number: ()		23) E-Mail Address:	

Antenna Structure

24) NAD 83 Antenna Structure Latitude (DD-MM-SS.S): 39- 02- 45.0 (<input type="checkbox"/> N) <input checked="" type="checkbox"/> N or <input checked="" type="checkbox"/> S	25) NAD 83 Antenna Structure Longitude (DDD-MM-SS.S): 094- 35- 11.0 (<input type="checkbox"/> W) <input checked="" type="checkbox"/> E or <input checked="" type="checkbox"/> W
26) Address or Geographical Location: 4445 MAIN ST	
27) City: KANSAS CITY	28) State: MISSOURI
29) Elevation of site above mean sea level (refer to 'a' in antenna structure examples):	277.4 meters
30) Overall (highest) height above ground (AGL) of antenna structure INCLUDING all appurtenances (antennas, dishes, lightning rods, obstruction lighting, etc.) (refer to 'c' in antenna structure examples):	69.8 meters
31) Overall height above mean sea level (sum total of Items 29 and 30):	347.1 meters
32) Overall height above ground (AGL) of the supporting structure itself WITHOUT appurtenances (refer to 'b' in antenna structure examples):	69.8 meters
33) Indicate the code for the type of structure on which antenna will be mounted: (i.e. pole, building, water tank, silo, tower, etc.) (See instructions) B - Building	
34-35) If type of structure is an Array, provide coordinates for center of array below:	
34) NAD 83 Array Center Latitude (DD-MM-SS.S): (<input type="checkbox"/>) <input checked="" type="checkbox"/> N or <input checked="" type="checkbox"/> S	35) NAD 83 Array Center Longitude (DDD-MM-SS.S): (<input type="checkbox"/>) <input checked="" type="checkbox"/> E or <input checked="" type="checkbox"/> W

FAA Notification

36) FAA Study Number:	37) Date Issued:
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Environmental Assessment

38) (<input checked="" type="checkbox"/>) Yes <input checked="" type="checkbox"/> No Would a Commission grant of Authorization for this location be an action, which may have a significant environmental effect? See Section 1.1307 of 47 CFR. If 'Y', submit an environmental assessment as required by 47 CFR, Sections 1.1308 and 1.1311.

Certification Statements

1) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
2) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.

Signature

39) Typed or Printed Name of Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
40) Title: DONNA YAUNCHES			
41) Signature:			42) Date: Feb 21, 1997

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).