Submitted: **09/26/2006 at 00:00:00**
File Number: **A0518344**

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) **(AU)**

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: **1253084**
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): **0005796594**		4) Assignor FCC Registration Number (FRN):	
5) Legal Owner of Structure/Assignee (if individual): First Name	MI:	Last Name:	Suffix:
6) Business Name (if other than individual): **Crown Castle MU LLC**			
7) Attention To: **Regulatory Department**			
8) P.O. Box:	**And/Or**	9) Street Address: **2000 Corporate Drive**	
10) City: **Canonsburg**		11) State: **PA**	12) ZIP Code: **15317**
13) Telephone Number: ( ) **(724) 416-2000**		14) E-Mail Address: **eschafer@mountainuniontelecom.com**	

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

15) First Name: **Monica**	MI: **A**	Last Name: **Gambino**	Suffix:
16) Business Name: **Crown Castle MU LLC**			
17) P.O. Box:	**And/Or**	18) Street Address**:** **2000 Corporate Drive**	
19) City: **Canonsburg**		20) State: **PA**	21) ZIP Code: **15317**
22) Telephone Number**:** ( ) **(724) 416-2000**		23) E-Mail Address: **Monica.Gambino@crowncastle.com**	

Reference Copy

Antenna Structure

24) **NAD 83** Antenna Structure Latitude (DD-MM-SS.S): **38- 58- 44.0** (**N**) **N** or **S**	25) **NAD 83** Antenna Structure Longitude (DDD-MM-SS.S)**:** **104- 51- 29.0** (**W**) **E** or **W**
26) Address or Geographical Location: **in the SW 1/4 of the NE 1/4 of Section 26**	
27) City: **Colorado Springs**	28) State: **COLORADO**
29) Elevation of site above mean sea level (refer to 'a' in antenna structure examples):	**2089.1** 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):	**18.3** meters
31) Overall height above mean sea level (sum total of Items 29 and 30):	**2107.4** meters
32) Overall height above ground (AGL) of the supporting structure itself WITHOUT appurtenances (refer to 'b' in antenna structure examples):	**18.3** 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)	
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): ( ) **N** or **S**	35) **NAD 83** Array Center Longitude (DDD-MM-SS.S): ( ) **E** or **W**

FAA Notification

36) FAA Study Number: **2006-ANM-1129-OE**	37) Date Issued: **06/09/2006**

Environmental Assessment

38) (**N**) **Y**es **N**o 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:
Christine	**A**	**Verre**	
40) Title: **Regulatory Compliance Manager**			
41) Signature: **Christine A Verre**		42) Date: **Sep 26, 2006**	

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).

Reference Copy