Submitted: 07/08/2002 at 00:00:00

File Number: **A0271906** 

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 of	one) ( AU	)						
1) NE - Registration of an ante MD - Modification of register CA - Cancel Registered Stru AU - Administrative Update DI - Notification of antenna (structure no longe)	ed antenn cture structure o	a structure	een re	AM - Amend pe NT - Required	ending applic Construction for Duplicate	plication(s) for recation for registra cation for registra n/Alteration Notif Registration - n	ation fication	
2A) For purpose codes <b>WD</b> or with the FCC.	ently on	file File Numb	File Number:					
2B) If purpose codes of <b>MD</b> , <b>C</b> . Number.	FCC Antenna Structure	Registration	FCC ASR 1001558	R Number:				
2C) If purpose code is MD or N	I <b>T</b> , provide	date constructed	d or las	st altered (mmddyyyy).				
2D) If purpose code is <b>DI</b> , give	date of dis	smantlement (mm	nddyyyy	y).				
Antenna Structure Ownership	Informatio	on						
3) Owner/Assignee FCC Regis 0001952456	tration Nur	mber (FRN):	4)	Assignor FCC Registra	tion Number	(FRN):		
5) Legal Owner of Structure/Assignee First Name MI: (if individual):				Last Name:			Suffix:	
6) Business Name (if other than	n individua	I): WFMY TELE	VISIO	N CORP.				
7) Attention To: David P. Fle	ming, c/o	Gannett Co.						
8) P.O. Box:	And/Or	9) Street Addres	ss: <b>79</b> :	50 Jones Branch Dr.				
10) City: McLean				11) State: VA		ZIP Code: <b>22107</b>		
13) Telephone Number: ( ) (703) 854-6899				14) E-Mail Address:   Icarducc@gannett.com				
Contact Representative Infor Owner/Assignee)	mation (	f the Owner/As	ssignee	e is a business or co	ntact repres	sentative is diff	erent from the	
15) First Name: David			MI: <b>P</b>	Last Name: Fleming			Suffix: Esq	
16) Business Name: Ganne	tt Co., Inc							
17) P.O. Box:	And/Or	18) Street Add		nch Dr.				
19) City: McLean				20) State: VA	21) ZIP C <b>22107</b>			
22) Telephone Number: ( (703) 854-6899	)			23) E-Mail Address: lcarducc@gannet	Address:			

24) <b>NAD 83</b> Antenna Structure Latitude (DD-MM-SS.S): <b>35-52-13.5</b> ( <b>N</b> ) <b>N</b> or		25) NAD 83 Antenna Structure Longitude (DDD-MM-SS.S): 079- 50- 24.0 ( W ) E or W			
26) Address or Geographical Location: 6252 DAVID COL		1 0.0 00 =		<u> </u>	
27) City: RANDLEMAN			28) State: <b>N</b>	ORTH	
29) Elevation of site above mean sea level (refer to 'a' in		<b>224.0</b> meters			
30) Overall (highest) height above ground (AGL) of ante (antennas, dishes, lightning rods, obstruction lighting			les):	<b>575.9</b> meters	
31) Overall height above mean sea level (sum total of Ite		<b>799.9</b> meters			
32) Overall height above ground (AGL) of the supporting (refer to 'b' in antenna structure examples):	g structure	itself WITHOUT appurtenances		<b>539.5</b> meters	
33) Indicate the code for the type of structure on which a (i.e. pole, building, water tank, silo, tower, etc.) (See	antenna wi e instructio	ll be mounted: ns)TOWER - Free standing or Guyed ( Communications Purposes	Structure used f	or	
34-35) If type of structure is an Array, provide coordinate	es for cent	er of array below:			
34) NAD 83 Array Center Latitude (DD-MM-SS.S):	) <u>N</u> or <u>S</u>	35) NAD 83 Array Center Longitud	de (DDD-MM-S	S.S): ( ) <u>E</u> or <u>W</u>	
FAA Notification		5			
36) FAA Study Number: 01-ASO-9462-OE		37) Date Issued: 12/10/2001			
Environmental Assessment					
		zation for this location be an action Y', submit an environmental assess			
Certification Statements					
The applicant certifies that all statements made in the reference are material, are part of this application, are part of the application.				incorporated b	
2) The applicant certifies that neither the applicant nor pursuant to Section 5301 of the Anti-Drug Abuse distribution of a controlled substance. See Section application" as used in this certification.	any othe	r party to the application is subject 88, 21 U.S.C. § 862, because of	to a denial of a conviction fo	r possession c	
Signature 89) Typed or Printed Name of Party Authorized to Sign					
First Name:	MI:	Last Name:		Suffix:	
Thomas	L	Chapple		Esq	
40) Title: Secretary	•				
41) Signature:			42) Da	te:	
Thomas L Chapple Esq			Jul 08	. 2002	

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).

Jul 08, 2002