

# BALTIMORE CITY DEPARTMENT OF REAL ESTATE - ANTENNA SITE APPLICATION

**BALTIMORE CITY CONTACT : Monique Sampson**

**Phone Number : 410-396-4768**

EACH APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE PROCESSING FEE OF ONE THOUSAND DOLLARS (\$1,000.00).

PLEASE MAKE CHECKS PAYABLE TO: "Director of Finance"

DATE OF SUBMITTAL		PROJECTED INSTALLATION DATE	
<b>SITE INFORMATION</b>			
SITE NAME		SITE NUMBER	
CUSTOMER SITE NAME		CUSTOMER SITE NUMBER	
ADDRESS			
CITY		STATE	ZIP
LATITUDE	LONGITUDE	SITE TYPE ( Lattice, Monopole, Roof, Other)	

<b>CUSTOMER INFORMATION</b>			
LICENSED ENTITY NAME (Full Legal Name)		STATE OF INCORPORATION	
NOTIFICATION ADDRESS			
CITY		STATE	ZIP
BILLING ADDRESS			
CITY		STATE	ZIP
SERVICE TYPE(Cellular, PCS, OTHER)			

CONTACT INFO	FIRM OR CONTACT NAME	TELEPHONE	FAX	E-MAIL
SIGNATORY				
LEGAL				
NOTIFICATION				
RF ENGINEER				
CONSTRUCTION ENGINEER				
REAL ESTATE/SITE ACO				
EMERGENCY CONTACT				
INSTALLATION CONTRACTOR				
OTHER				

*Please, list each address on separate sheet for the above contacts if different from the mailing address*

<b>GROUND SPACE</b>			
LOCATION OF EQUIPMENT	INDOOR CABINETS <input type="checkbox"/>	OUTDOOR SHELTER or BTS(Customer Building) <input type="checkbox"/>	
# of EQUIPMENT SHELTERS/BTS CABINETS	EQUIPMENT SHELTER/CABINET/BTS DIMENSIONS (HxWxD) (ft)		
LEASED GROUND SPACE DIMENSIONS (HxWxD) (ft)	CONCRETE PAD DIMENSIONS (W X D) (ft)		
INFRASTRUCTURE MANUFACTURER/MODEL	POWER PROVIDED BY:	OTHER <input type="checkbox"/>	UTILITY COMPANY DIRECT <input type="checkbox"/>
TELCO/INTERCONNECT REQUIREMENTS	OTHER <input type="checkbox"/>	T1 <input type="checkbox"/>	MICROWAVE <input type="checkbox"/> FIBER OPTICS <input type="checkbox"/> LICENCED <input type="checkbox"/>
GENERATOR REQUIREMENTS	APPLICANT PROVIDED <input type="checkbox"/>	OTHER <input type="checkbox"/>	
GENERATOR DESCRIPTION	SIZE (KW)	TANK SIZE	
	FUEL TYPE	OTHER	

**ANTENNA SPACE AND EQUIPMENT**

TYPES OF ANTENNAS	ANTENNA #1	ANTENNA #2	ANTENNA #3	ANTENNA #4	TTA	LNA
ANTENNA QUANTITY						
RECEIVE OR TRANSMIT?						
MANUFACTURER						
TYPES OF ANTENNAS						
MODEL #						
ANTENNA WEIGHT						
ANTENNA DIMENSIONS (HxWxD)						
ANTENNA MOUNT HEIGHT						
RAD CENTER AGL						
MOUNT TYPE						
TOWER LEG						
DIRECTION of RADIATION						
TX FREQUENCY						
RX FREQUENCY						
RECEIVE BAND OF FREQUENCIES						
TRANSMIT BAND OF FREQUENCIES						
ANTENNA GAIN						
# of LINES PER ANTENNA						
LINE TYPE						
LINE DIAMETER						

All frequencies must be actual operating frequencies.

Is equipment transmitting on unlicensed frequencies? (check box)

Yes  NO

**BUILDING/SHELTER SPACE AND EQUIPMENT**

LICENSOR'S BUILDING? <input type="checkbox"/>	LICENSEE'S SHELTER? <input type="checkbox"/>
# of CABINETS	

	TRANSMITTER #1	TRANSMITTER #2	TRANSMITTER #3	TRANSMITTER #4
MANUFACTURER				
TYPE & MODEL				
TYPE of SERVICE				
RACK/CABINET/BTS DIMENSIONS ( Hx W x D)				
CALL SIGN				
TX FREQUENCY				
TX POWER OUTPUT				
RX FREQUENCY				
ERP				
ACTUAL POWER CONSUMPTION				
ELECTRIC SERVICE REQUIRED (Amps/Volts)				
# of OUTLETS				
COMBINER/# of PORTS				
CABINET ALSO CONTAINS				

If there are more than four transmitters located at the site, please refer to attachment. Attachment? (check box):

YES  NO