

(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000064265 | Submit Date: 12/18/2018 | Call Sign: WSEE-TV | Facility ID: 49711 | FRN: 0019913755

State: **Pennsylvania** City: **ERIE**

Service: **DTV** Purpose: **Engineering STA** Status: **Granted** Status Date: **12/21/2018** Expiration Date:

Filing Status: InActive

General Information

Section	Question	Response

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGT	\$200.00
	Total	\$200.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LILLY BROADCASTING OF PENNSYLVANIA LICENSE SUBSIDIARY, LLC Applicant Doing Business As: LILLY BROADCASTING OF PENNSYLVANIA LICENSE SUBSIDIARY, LLC	Kevin T. Lilly 3514 STATE STREET ERIE, PA 16508 United States	+1 (814) 454-5201	KEVIN@LILLYTV. COM	Other

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
Erin E. Kim E. Kim Lerman Senter PLLC	2001 L Street NW, Suite 400 Washington, DC 20036 United States	+1 (202) 429- 8970	ekim@lermansenter. com	Legal Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	49711
	State	Pennsylvania
	City	ERIE
	DTV Channel	21
	Designated Market Area	Erie
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	1

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1055828
Coordinates (NAD83)	Latitude	42° 02' 16.0" N+
	Longitude	080° 03' 43.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	228.4 meters
	Support Structure Height	213.3 meters
	Ground Elevation (AMSL)	410.3 meters
Antenna Data	Height of Radiation Center Above Ground Level	130 meters
	Height of Radiation Center Above Average Terrain	203 meters
	Height of Radiation Center Above Mean Sea Level	540.3 meters
	Effective Radiated Power	51.1 kW

Antenna Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1004454
Antenna Manufacturer and	Manufacturer:	Alive
Model	Model	ATC-BCE414M-V3-21
	Rotation	0 degrees
	Electrical Beam Tilt	1.0
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	1	90	.694	180	.709	270	.694
10	.995	100	.663	190	.705	280	.734
20	.979	110	.645	200	.694	290	.781
30	.953	120	.641	210	.678	300	.829
40	.918	130	.647	220	.661	310	.876
50	.876	140	.661	230	.647	320	.918
60	.829	150	.679	240	.641	330	.953
70	.781	160	.694	250	.645	340	.979
80	.734	170	.705	260	.663	350	.995

Additional Azimuths

Degree	V _A
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Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §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. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). 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.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Kevin Lilly Lilly Member of Sole Member 12/18/2018

Attachments

File Name	Uploaded By	Attachment Type	Description
0000064265 WSEE Variance.doc	Internal	All Purpose	Processed STA Letter
WSEE STA EngSta 12-18-18.pdf	Applicant	General Information	Explanation of Request for STA