



(REFERENCE COPY - Not for submission)

# LPTV Translator Engineering STA Application

File Number: **0000163368** | Submit Date: **10/08/2021** | Call Sign: **W35CO-D** | Facility ID: **69291** | FRN: **0001910066**

State: **North Carolina** | City: **BURNSVILLE**

Service: **LPT** | Purpose: **Engineering STA** | Status: **Granted** | Status Date: **11/05/2021** | Expiration Date: **05/04/2022**

Filing Status: **Active**

## General Information

Section	Question	Response
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## Fees, Waivers, and Exemptions

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	Yes
	Indicate reason for fee exemption:	The licensee is a government entity operating a non-commercial educational station
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

**Applicant Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>University of North Carolina</b> Doing Business As: University of North Carolina	PO Box 14900 Research Triangle Park, NC 27709 United States	+1 (919) 549-7000	fcc_notice@pbsnc.org	Government Entity

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**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  
(4)**

Contact Name	Address	Phone	Email	Contact Type
<b>Joseph M. Davis , P.E. .</b> <i>Consulting Engineer</i> Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
<b>Stephen Hartzell</b> Brooks, Pierce et al.	Stephen Hartzell 150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	shartzell@brookspierce. com	Legal Representative
<b>Donald W Smith</b> University of North Carolina	Donald Smith PO Box 14900 Research Triangle Park, NC 27709 United States	+1 (919) 549- 7025	dsmith@pbsnc.org	Technical Representative
<b>Marcus W Trathen</b> Brooks, Pierce et al.	Marcus Trathen 150 Fayetteville Street Suite 1700 RALEIGH, NC 27601 United States	+1 (919) 839- 0300	mtrathen@brookspierce. com	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	69291	
State	North Carolina	
City	BURNSVILLE	
LPT Channel	35	

**Primary station proposed to be rebroadcast:**

Facility Id	Call Sign	City	State
83822	WUNW	CANTON	NC

**Antenna Location Data**

Section	Question	Response
<b>Antenna Structure Registration</b>	Do you have an FCC Antenna Structure Registration (ASR) Number?	No
	ASR Number	
<b>Coordinates (NAD83)</b>	Latitude	35° 56' 16.4" N+
	Longitude	082° 17' 47.4" W-
	Structure Type	LTOWER-Lattice Tower
	Overall Structure Height	35 meters
	Support Structure Height	35 meters
	Ground Elevation (AMSL)	1322 meters
<b>Antenna Data</b>	Height of Radiation Center Above Ground Level	33 meters
	Height of Radiation Center Above Mean Sea Level	1355 meters
	Effective Radiated Power	1.0 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Non-Directional
	Do you have an Antenna ID?	
	Antenna ID	1007712
<b>Antenna Manufacturer and Model</b>	Manufacturer:	ERI
	Model	AL80-35-E
	Rotation	
	Electrical Beam Tilt	1.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Elliptical
<b>Elevation Radiation Pattern</b>	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	
	Out-of-Channel Emission Mask:	Full Service

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Shannon B. Henry</b>  <i>Chief Operating Officer</i></p> <p>10/08/2021</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>W35CO-D Reduced Power Notification and STA Request.pdf</u></a>	Applicant	General Information	W35CO-D STA Request Exhibit