

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1 City Center		Owner: 1 City Center Assoc."		Phone:		Permit No: 980200			
Owner Address:		Lessee/Buyer's Name: New York Life		Phone:		BusinessName:			
Contractor Name: Horizon Satellite & TV		Address: RR 1, Box 765, Rte 302 Casco, ME 04015		Phone: 655-5055		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAR 10 1998 CITY OF PORTLAND </div>			
Past Use: Office Complex		Proposed Use: Same		COST OF WORK: \$ 1,000.00				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: Type:	
Proposed Project Description: Install Antennae on rooftop of building				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>					
				Signature:		Date:			
Permit Taken By: Nary Gresik		Date Applied For: 05 March 1998							

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT **Gary Flummer** ADDRESS: DATE: **05 March 1998** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

CEO DISTRICT

COMMENTS

9/22/48 Completed.

ALL

Inspection Record

Type

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____

Date

03-02-1998 05:45PM FROM CMS (Atlanta) TO 912076557005 P.02
FROM : Timothy C. Morton PHONE NO. : 207 655 7005 Jan. 19 1998 10:18AM P2
3490 Meacham Rd
Atlanta, GA 30305-1743
Telephone: 404.262.1555
800.877.7802 (On site call-ins only)

EARTHSTATION SITE SURVEY REPORT

A. Site Information

Customer: New York Life Survey Date: 1-15-98
Address: 1 City Center City/State: Portland, Me
Site Contact: JUDITH CHALEN Phone #: (207) 871-7474

B. Landlord Information

Is the building customer owned? ☐ Y or ☒ N If no, advise on the following:
Address: One City Center City/State: Portland, Maine 04101
Phone #: (518) 871-7400
Name/Phone # of Landlord contact present during survey? (207) 871-1080
Does landlord approve of all suggested antenna locations? ☒ Y or ☐ N If no advise specific objections.

C. Building Information

Describe building age/construction material: 1985 Masonry
Building height from ground: 125 Ft. Number of floors: 13
Building type: ☒ Office Building ☐ Shopping Mall ☐ Industrial Park ☐ Other
Obtain building plans and applicable structural drawings during survey for antenna location(s). If unavailable, name/phone number for person who can provide drawings:

D. Network Satellite Information

Network Satellite: ☐ Single pole or ☐ Dual pole

E. Antenna Mount Recommendations

☒ NPR Mount: Rank landlords preference for the mount and location: ☒ 1 ☐ 2 ☐ 3 ☐ 4
Height of roof from ground level? 125 Ft.
Roof construction? ☒ Membrane ☐ Built-up (tar/gravel) ☐ Concrete slab

☐ Other, describe:

Support structure under roof mount location? ☐ Wood frame ☐ Steel I-beam ☐ Steel joist

☐ Other, describe

Is Bonded Roofer required? ☐ Y or ☒ N. If yes, name/ph. # of building's Bonded

Roofer?

method of getting equipment to roof:

From CONVERGENT-DEVELOPMENT, CHICAGO, ILLINOIS, At 01/15/98 10:00:43 Page 7

CONVERGENT*

Distance from cable entry in room/wall plate to satellite receiver? 60 Ft. Distance from satellite
electron to viewing locations? 70' and 3' Describe cabling routing: THROUGH DROP
GEOLINE

Describe existing audio/video equipment in room:

	Manufacturer	Model #	Phone extension #
Telephone			
VCR			
TV/Monitor			
Display Cabinet			
Other			
Other			

J. Additional Viewing Locations

Did customer contact request additional viewing locations? ☒ Y ☐ N If yes, advise the following:

	Teflon Required?	Cable Length Required?	Room Name?	Floor Number?	TV/VCR in Room?
RF1	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>3'</u> Ft.	<u>BOARD ROOM</u>	<u>10</u>	<input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> VCR
RF2	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>70'</u> Ft.	<u>TRAINING ROOM</u>	<u>10</u>	<input checked="" type="checkbox"/> TV <input type="checkbox"/> VCR
RF3	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> TV <input type="checkbox"/> VCR
RF4	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> TV <input type="checkbox"/> VCR
RF5	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> TV <input type="checkbox"/> VCR
RF6	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> TV <input type="checkbox"/> VCR

Total R.F. Teflon cable distribution required: _____ Ft.

Total R.F. PVC cable distribution required? _____ Ft.

Typical viewing room wall construction? ☒ Sheetrock ☐ Concrete block ☐ Other, describe: _____

K. Site Sketches/Photos Required Before Survey is Submitted to CMS

1. Plot plan sketch detailing antenna location(s). Location of True North. Property boundaries, parking lots, etc. For roof installations, indicate coax cable POB, location of entry.
2. Sketch detailing I.F. cable distribution lengths.
3. Sketch detailing R.F. cable distribution lengths (if applicable).
4. Complete set of labeled photographs as noted on photo mount forms.

Notes: _____

Survey completed by: Gary F. Morton Date: 1-15-98

Building contact signature: G. R. Chaff Date: 1-15-98
(Present during survey)

CONVERGENT*Cable type? ☐ PVC ☐ Teflon. If cable run exceeds 200', advise location(s) for line amplifiers: _____Is conduit required outside/inside building? ☐ Y ☒ N Amount required? _____ Ft.**Wall Location:**

Coax cable distance from antenna to satellite receiver? _____ Ft.

Describe I.F. coax cable run: _____

Cable type? ☐ PVC ☐ Teflon. If cable run exceeds 200', advise location(s) for line amplifiers: _____Is conduit required outside/inside building? ☐ Y ☐ N Amount required? _____ Ft.**Roof Location:**Coax cable distance from antenna to satellite receiver? 200 Ft. Describe I.F. coax cable run: THROUGH
ROOF CONDUIT TO COMMUNICATIONS CLOSET DOWN TO 10TH FLOOR ACROSS
DROP CEILING TO RECEIVER LOCATION.Cable type? ☐ PVC ☐ Teflon. If cable run exceeds 200', advise location(s) for line amplifiers: _____Does POB for coax cable exist on roof? ☒ Y ☐ N If no, describe coax cable POB into building: _____Is conduit required outside/inside building? ☐ Y ☒ N Amount required? _____ Ft.**II. Planning/Zoning Ordinance Compliance**

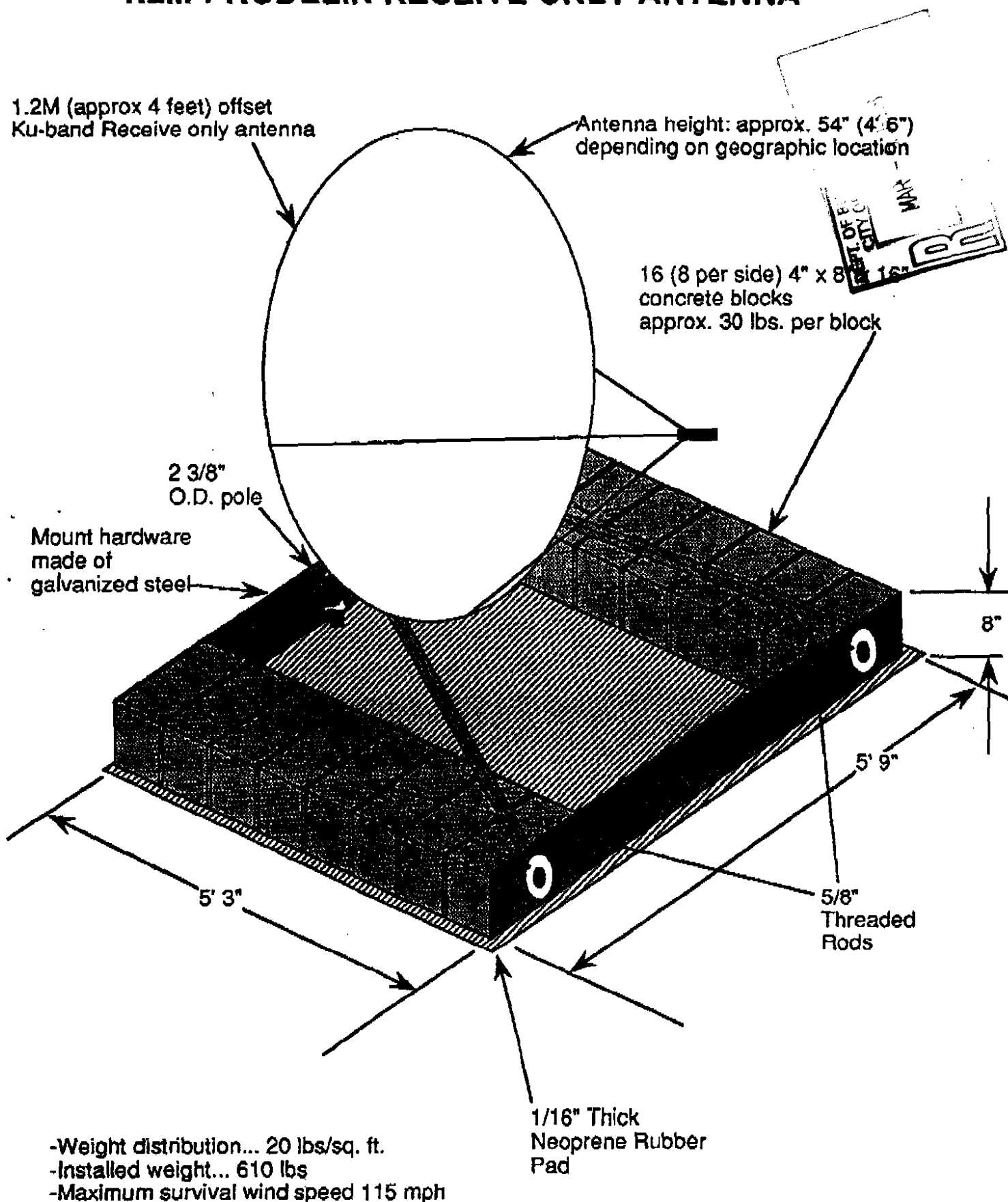
Do the following mount types/locations comply with local planning/zoning ordinances?

Ground ☐ Y ☒ NWall ☐ Y ☒ NRoof ☐ Y ☒ NOther ☐ Y ☐ N

If no for any of the above, advise in space provided above what steps must be taken for compliance.

Describe any problems related to obtaining necessary permits for the installation: N/A**I. Headend (Satellite Receiver) Location Information**Location for headend? BOARD ROOM Floor Number? 10TH FloorIs A/C power available at headend location? ☒ Y ☐ N If no, distance from closest A/C outlet to headend? _____ Ft.

RECTANGULAR BLOCK MAST MOUNT (RBMM) WITH 1.2M PRODELIN RECEIVE ONLY ANTENNA



03-02-1998 06:07PM FROM CMS (Atlanta)

TO

912076557005 P.04

FROM : Timothy C. Morton

PHONE NO. : 207 655 7005

Jan. 19 1998 10:33AM P2

From: 0076557005, Chris To: 0076557005 At: 01-15-98 10:00:15 Page: 6

CONVERGENT

Can coax cable be terminated with a wall plate? ☒ Y ☐ N If no, is wire molding required? ☐ Y ☐ N
If yes, how much _____ Ft.

03-02-1998 06:08PM FROM CMS (Atlanta)

TO

912076557005 P.05

FROM : Timothy C. Morton

PHONE NO. : 207 655 7005

Jan. 19 1998 10:19AM P4

Ground
Location:

(Coax cable distance from antenna to satellite receiver? ft) 200'

Describe I.F. coax cable run: FROM NPR TO CONDUIT THROUGH WALL TO
COMMUNICATIONS CLOSET DOWN TO 10TH FLOOR ACROSS DROP
CEILING TO RECEIVER LOCATION.

☐ **Wall Mount:** Rank landlords preference for the mount and location: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Advise wall height from grade: _____ Ft.

Wall Mount type? ☐ Extended mount flush to wall ☐ Ext. wall mount with 12" offset ☐ Universal wall mount on south facing wall ☐ Metal building wall mount

Support wall construction

☐ 8" concrete block ☐ Poured concrete. Wall thickness: _____ In. For concrete walls, is room available on interior of wall for angle iron supports? ☐ Y ☐ N.

Is wall reinforced with steel rebar? ☐ Y ☐ N.

☐ Metal sided w/I-beam on interior of wall. Dimension of I-beam web and I-beam flange at top of beam: Webb _____ In. Flange _____ In.

Distance from exterior metal skin to inner flange of I-beam _____ In.

Verify: Vertical I-beam is properly fastened to horizontal roof support structure. Provide photo showing I-beam connection to roof structure.

☐ Other, describe: _____

Does wall mount location have rain gutters/roof overhangs that project away from wall? ☐ Y ☐ N

If yes, how many inches does it project away from wall? _____ In.

Describe access to suggested antenna location(s): _____

☐ **Ground Mount** Rank landlords preferences for the mount and location: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Trenching surface for cable run from antenna to building point-of-entry (POE)? ☐ Soil ☐ Asphalt

☐ Concrete ☐ Other, describe: _____

Total trenching from antenna to building POE? _____ Ft.

☐ **Special Mount** Rank landlords preference for the mount and location: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Describe specific attachment detail: _____

Location of Grounding Point? GROUND BRAID ON ROOF

Length of Grounding Wire? 20'

F. Satellite Arc Availability

Is total satellite arc clear for location(s) (59° W-144° W)?

Ground ☐ Y ☐ N

Wall ☐ Y ☐ N

Roof ☒ Y ☐ N

Other ☐ Y ☐ N

If no for any of the above, describe in space provided above, what satellite frequencies of use for degrees longitude is not clear.

G. I.F. Coax Cable Information