**FOR AIRPORT SPACE: Required** **Received by F&I:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send Applications to: AVCommittees@portseattle.org**

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| **SECTION 1 *(to be completed by POS Project Manager)*** | | | | | | | | | | | | | | | | | |
| **Project/Tenant Information** | | | | | | | | | | | | | | | | | |
| **Date** | **Required** | | **CIP #** | |  | | **Project #** | | | **Required** | **Activity** |  | | | | **Phase** | **Required** |
| **Project Title** | | | | | **Required** | | | | | | | | | | | | |
| **Project Description** | | | | | **Required** | | | | | | | | | | | | |
| **Drawings to Design Review** | | | | | Yes |  | No | |  |  | | | | | | | |
| **Project Submitted to Telecomm Design Review:** | | | | | Yes |  | No | |  | **Date** |  | | | | | | |
| **Airport Tenant Company** | | | | |  | | | | | | | | | | | | |
| **Contact Person** | | | | |  | | | | | **Phone:** |  | | | **Fax:** |  | | |
| **Address** | | | | |  | | | | | | | | | | | | |
|  | | | | | ***Street Address City State Zip Code*** | | | | | | | | | | | | |
| **Billing Address** | | | | |  | | | | | | | | | | | | |
| ***Street Address City State Zip Code*** | | | | | | | | | | | | | | | | | |
| **Project Sponsor** | | | |  | | | | | | | | | | | | | |
| **Location of Service** | | | |  | | | | | | | | | | | | | |
| **POS Project Manager** | | | |  | | | | | | | | | | | | | |
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| **SECTION 2 *(to be completed by consultant)*** | | | | | | | | | | | | | | | | | |
| **Consultant Information** | | | | | | | | | | | | | | | | | |
| **Design Firm** | | | |  | | | | | | | | | | | | | |
| **Design Project Manager** | | | |  | | | | | | | **Phone:** | | |  | | | |
| **Lead Design Engineer** | | | |  | | | | | | | **Phone:** | | |  | | | |
| **REQUIRED DOCUMENTS** *(must be included)* | | | | | | | | **REQUIRED IF APPLICABLE** *(check boxes to indicate documents included w/ application)* | | | | | | | | | |
| General Arrangement Drawing (plan view) | | | | | | | | Communications One-Line Diagram | | | | |  | | | | |
| **Connection Details** | | | | | | | | | | | | | | | | | |
| 1. **Number of Televisions: Number of televsions to be connencted.** | | | | | | | | | | | | | | | | | |
| 1. **Nearest Communications Room: Give Communications Room Number and Door Number.** | | | | | | | | | | | | | | | | | |
| 1. **Is There a Demarcation Cabinet Installed?** | | | | | | | | | | | | | | | | | |
| **Yes** | | **Demarc Cabinet Number: Give Demarcation Cabinet Number.** | | | | | | | | | | | | | | | |
| **No** | | **Install Demarc Cabinet; Number for New Demarc Cabinet: Give Demarcation Cabinet Number, number may be assigned at initial Telecomm Design Review meeting. Demarc cabinet with labeling shall appear on 90% design drawings at the latest. Note: all demarc cabinets to be connected with RG-11 coaxial cable.** | | | | | | | | | | | | | | | |
| 1. **All Demarc cabinet coaxial cables running from communications room to Demarc cabinet are to be marked on both ends with cable tags. Each tag shall have three lines with the following information (in the given order):** | | | | | | | | | | | | | | | | | |
| 1. **Coaxial Cable Number (assigned by Port ICT at initial Telecomm Design Review meeting)** | | | | | | | | | | | | | | | | | |
| 1. **Communications Room Number** | | | | | | | | | | | | | | | | | |
| 1. **Demarc Cabinet Number** | | | | | | | | | | | | | | | | | |
| 1. **General Arrangement drawing(s) shall include pathway for coaxial cable from communications room to Demarc cabinet. Drawings shall show all pertinent equipment, including space(s) where television(s) are to be installed, location of television(s), location of any tenant installed signal distribution equipment (signal splitters, signal amplifiers, etc.) and Demarc cabinet location. Re-use of existing Demarc cabinet may use record drawings to show route of coaxial cable from communications room to Demarc cabinet, however, designer shall be responsible for verifying accuracy of record drawings by field inspection of routing. If existing Demarc cabinet is re-used and is relocated during this re-connection, designer shall ensure that new location of Demarc cabinet is shown on drawings. Drawings shall identify location of television(s), Demarc cabinet, and communications room, with each clearly labeled. Detail drawings showing mounting requirements for television(s), installation of Demarc cabinet, and any tenant installed distribution equipment shall be included to make clear all requirements for installation of television service.** | | | | | | | | | | | | | | | | | |
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| **6. A final copy of “As-Built” system drawings must be provided to F & I at the conclusion of the project.** | | | | | | | | | | | | | | | | | |

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| **PREPARED BY** | | | | | |
| Printed Name: | **Required** | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |

**UTILITIES REVIEWER**

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| **Application is:** | | | |
|  | **Approved** |  | **Approved as noted** *(see below)* |
|  | **Revise and Resubmit**  *(i.e. information is missing – see below)* |  | **Rejected**  *(i.e. source of panel is overloaded – see below)* |
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| **Aviation Facilities & Infrastructure** | | | | | |
| Printed Name: |  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |

**F&I COMMUNICATIONS INFRASTRUCTURE REVIEWER**

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| **Application is:** | | | |
|  | **Approved** |  | **Approved as noted** *(see below)* |
|  | **Revise and Resubmit**  *(i.e. information is missing – see below)* |  | **Rejected**  *(i.e. one-line not provided – see below)* |
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| **Aviation Facilities & Infrastructure** | | | | | |
| Printed Name: |  | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |  |