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November 6, 2017

ACCEPTED/FILED

Marlene H. Dortch, Esquire Secretary Federal Communications Commission 445 12<sup>th</sup> Street, S.W. Room TW-A325 Washington, D.C. 20554

NOV - 6 2017

Federal Communications Commission Office of the Secretary

Re: Station WLZX, East Longmeadow, MA Facility I.D. No. 58546 FCC Form 302-AM - Direct Measurement of Power

Dear Ms. Dortch:

Transmitted herewith, on behalf of Saga Communications of New England, LLC, licensee of Station WLZX(AM), East Longmeadow, MA (Facility I.D. No. 58546), in triplicate, is FCC Form 302-AM, application for Direct Measurement of Power.

There is no associated filing fee due with this submission, as it is for Direct Measurement of Power, only.

If any question arises in connection with this filing, please contact undersigned counsel.

vours.

Gary S. Smithwick Counsel for Saga Communications of New England, LLC

GSS/sls Enclosures Cc: WLZX Public Inspection File

0009269424 COUNSEL MARK B. DENBO

ACCEPTED/FILED

Federal Communications Commission Washington, D. C. 20554

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Approved by OMB 3060-0627 Expires 01/31/98

FOR FCC USE ONLY

NOV - 6 2017

Federal Communications Commission Office of the Secretary

### FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filling out form.

FOR COMMISSION USE ONLY	107
FILE NO. BZ-ZO178186	ABV

1. PAYOR NAME (Last, First, Middle Initial)         Saga Communications of New England, LLC         MAILLING ADDRESS (Line 1) (Maximum 35 characters)         73 Kercheval Avenue         MAILING ADDRESS (Line 2) (Maximum 35 characters)         Suite 201         CITY         Grosse Pointe Farms         TELEPHONE NUMBER (include area code)         313-886-7070         CALL LETTERS         WLZX         98. If No, indicate reason for fee exemption (see 47 C.F.R. Section         Governmental Entity         Noncommercial educational licensee
MAILING ADDRESS (Line 1) (Maximum 35 characters) 73 Kercheval Avenue         MAILING ADDRESS (Line 2) (Maximum 35 characters) Suite 201         CITY Grosse Pointe Farms       STATE OR COUNTRY (if foreign address) MI         TELEPHONE NUMBER (include area code) 313-886-7070       CALL LETTERS WLZX       OTHER FCC IDENTIFIER (If applicable) 58546         2. A. Is a fee submitted with this application?       Yes ✔ No         B. If No, indicate reason for fee exemption (see 47 C.F.R. Section         Governmental Entity       Noncommercial educational licensee       Other (Please explain):
73 Kercheval Avenue         MAILING ADDRESS (Line 2) (Maximum 35 characters) Suite 201         CITY Grosse Pointe Farms       STATE OR COUNTRY (if foreign address) MI         TELEPHONE NUMBER (include area code) 313-886-7070       CALL LETTERS WLZX       OTHER FCC IDENTIFIER (If applicable) 58546         2. A. Is a fee submitted with this application?       Yes ✔ No         B. If No, indicate reason for fee exemption (see 47 C.F.R. Section         Governmental Entity       Noncommercial educational licensee       Other (Please explain):
Suite 201       STATE OR COUNTRY (if foreign address)       ZIP CODE         Grosse Pointe Farms       MI       48236         TELEPHONE NUMBER (include area code)       CALL LETTERS       OTHER FCC IDENTIFIER (If applicable)         313-886-7070       State submitted with this application?       Yes ✓         2. A. Is a fee submitted with this application?       Yes ✓       No         B. If No, indicate reason for fee exemption (see 47 C.F.R. Section       Other (Please explain):
Grosse Pointe Farms       MI       48236         TELEPHONE NUMBER (include area code) 313-886-7070       CALL LETTERS WLZX       OTHER FCC IDENTIFIER (If applicable) 58546         2. A. Is a fee submitted with this application?       Yes ✓ No         B. If No, indicate reason for fee exemption (see 47 C.F.R. Section         Governmental Entity       Noncommercial educational licensee
Intellependiversion     WLZX     58546       2. A. Is a fee submitted with this application?     Yes ✓ No       B. If No, indicate reason for fee exemption (see 47 C.F.R. Section     Other (Please explain):
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section ☐ Governmental Entity
Governmental Entity Noncommercial educational licensee 🗹 Other (Please explain):
C. If Yes, provide the following information: Direct Measurement of Power
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services
Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).
(A) (B) (C)
FEE DUE FOR FEE           FEE TYPE         FEE MULTIPLE           FEE TYPE         FOR FCC USE ONLY
CODE         COLUMN (A)           0         0         1         \$ 0.00
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.
(A) (B) (C) FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, TOTAL AMOUNT REMITTED WITH THIS FOR FCC USE ONLY
AND ENTER THE TOTAL HERE.
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED \$ 0.00

SECTION II - APPLICAN	T INFORMATION					
1. NAME OF APPLICANT Saga Communications of New England, LLC						
MAILING ADDRESS 73 Kercheval Avenue, Suite	201					
CITY Grosse Pointe Farn		ZIP CODE 48236				
2. This application is for:						
	Commercial	Noncomr	nercial			
	AM Directional	AM N	lon-Directional			
Call letters	Community of License Constr	uction Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit		
WLZX	East Longmeadow, MA			,		
	ow operating pursuant to au	tomatic program	test authority in	Yes No		
accordance with 47 C.F	.R. Section 73.1620?			Exhibit No.		
If No, explain in an Exhi	bit.			N/A		
4 Have all the term	s, conditions, and obligations	set forth in the	above described	Yes No		
4. Have all the terms construction permit bee				Exhibit No.		
If No, state exceptions in	N/A					
5. Apart from the changes already reported, has any cause or circumstance arisen since Yes No the grant of the underlying construction permit which would result in any statement or						
representation containe	d in the construction permit ap	dication to be now	/ Incorrect?	Exhibit No.		
If Yes, explain in an Ex	hibit.			19/1		
6. Has the permittee fil	ed its Ownership Report (FCC	Form 323) or own	ership	Yes No		
	ce with 47 C.F.R. Section 73.3			✓ Does not apply		
If No, explain in an Exhi	Exhibit No. N/A					
7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?						
If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application,						

the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

If Yes, provide particulars as an Exhibit.

The APPLICANT hereby 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 use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

#### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief; and are made in good faith.

Name	Signature	
Jay Schultz	Gay A	TH-
Title Vice President	Date 10/6/2017	Telephone Number 413-525-4141

#### WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

#### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.



Exhibit No.	
N/A	

1	Yes	$\square$	No
V			N

SECTION III - LICENSE APPLICATION ENGINEERING DATA Name of Applicant Saga Communications of New England, LLC								
		N APPLIED FOR						
	Station License		Direct Meas	urement	of Powe	ər		
1. Facilities auth				1			Dessertio	Lilauratta
Call Sign	File No. of Co (if applicable)	nstruction Permit	Frequency	Hours	of Opera		Night	kilowatts
WLZX			<sup>(kHz)</sup> 1600 kHz	D	aytime	e Only	N/A	<sup>Day</sup> 2.5 kW
2. Station location	n							
State				City or				
Massachus	setts			Easi	Long	meadow		
3. Transmitter lo	cation			1			Street address	
State	County			City or			(or other identific	ation)
Massachusetts	Hampden	I		East	Long	meadow	45 Fisher A	venue
4. Main studio lo	cation			1			Street address	
State	County			City or			(or other identific	ation)
Massachusetts	Hampden			Northampton 15 Hampton Ave		Avenue		
5. Remote contro	ol point location	(specify only if a	uthorized directior	al anten	na)			
State	County			City or	Town		Street address (or other identific	ation)
7. Does the sam	<ul> <li>6. Has type-approved stereo generating equipment been installed?</li> <li>7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?</li> <li>Yes No</li> <li>No</li> <li>No Applicable</li> </ul>				es No			
Attach as an Ex	chibit a detailed	l description of the	sampling system	i as insta	lliea.			
8. Operating con			N			aint ar antanna (	current (in ampere	ac) without
RF common poin modulation for Ni		rrent (in amperes N/A	) without			day system	3.2 amperes	-
Measured antenna or common point resistance (in ohms) at operating frequency Night     Measured antenna or common point reactance (in ohms) at operating frequency Night     Day       N/A     243.7 ohms     N/A     +j 88.1 ohms				(in ohms) at				
Antenna indicatio	ons for direction	al operation					-	
Towe		Antenna Phase reading		Antenna monitor sample current ratio(s) Antenna base cu		base currents		
		Night	Day	Nig	ht	Day	Night	Day

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Manufacturer and type of antenna monitor:

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#### SECTION III - Page 2

9. Description of antenna system (if directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator guyed, uniform, cross- section steel tower mounted on a grounded concrete base pier and insulator.	Overall height in meters of radiator above base insulator, or above base, if grounded. 51.2 meters	Overall height in meters above ground (without obstruction lighting) 52.1 meters	Overall height in meters above ground (include obstruction lighting) 52.1 meters	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. Exhibit No.
Excitation	Series	Shunt	ASR(NDA D1) = Not Rec	quired

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	42 <sup>o</sup>	04 '	25 "	West Longitude	72 <sup>o</sup>	31 '	29 "

Exhibit No.

See Vertical Plan

Exhibit No.

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes to the AM tower have been implemented other than the replacement of the W253CD.C FM Translator antenna as authorized under Construction Permit BPFT-20170807ABM.

11. Give reasons for the change in antenna or common point resistance.

This Form 302-AM is being filed to reflect a new antenna resistance measurement taken after the recent tower modification associated with, and as a §1.30003(a) condition of licensing for, W253CD.C - East Longmeadow, MA; for the replacement of the FM Translator antenna as authorized under Construction Permit BPFT-20170807ABM.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Justin W. Asher	Signature (check appropriate box below)
Address (include ZIP Code) Asher Broadcast Consulting, LLC	Date O November 6, 2017
579 Babcock Road	Telephone No. (Include Area Code)
Bronson, MI 49028-9347	1(202)875-2986

	Technical Director		Registered Professional Engineer
	Chief Operator	<ul> <li></li> </ul>	Technical Consultant
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Other (specify)

# East Longmeadow, MA - WLZX(AM) Vertical Plan of Antenna System

