



SITE NUMBER: _____
Work Order #: _____

SITE SURVEY FORM

VZB CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP:** _____

CONTACT: _____ **PHONE:** _____

ANTENNA SIZE: _____ **MOUNT TYPE:** _____

BUILDING MANAGEMENT:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NAME OF CONTACT: _____ **PHONE:** _____

ACCESS INFORMATION:

ANY RESTRICTIONS CONCERNING ACCESS TO THE PROPERTY?

EXPLAIN: _____

INSTALLATION REQUIREMENTS:

LIST ALL BUILDING MANAGEMENT INSTALLATION REQUIREMENTS:

SATELLITE INFORMATION



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SITE ACCESS FOR SERVICE:

EXT LADDER: _____ **CRANE/BOOM:** _____ **FREIGHT ELEVATOR:** _____

STAIRS: _____ **INTERIOR LADDER:** _____

HOIST TRUCK: _____ **SCAFFOLD:** _____ **OTHER:** _____

(EXPLAIN):

SITE ACCESS FOR SERVICE

Will ladder, lift truck, scaffolding, etc., be required to access and service the outdoor electronic equipment and antenna/antenna mount option? Be sure to reply for each antenna mount option.

Antenna Option 1: Yes _____ **No** _____ **(Explain)**

Antenna Option 2: Yes _____ **No** _____ **(Explain)**

Roof Type (required for roof mount only)

Flat and Level: _____ **Flat and Sloped:** _____ **Slightly Pitched** _____

Pitched and Sloped: _____ **Canopy:** _____ **Other:** _____

Roof Material (required for roof mount only)

Tar and Gravel: _____ **Rubber/Membrane:** _____ **Metal:** _____

Shingle: _____ **Other:** _____

Check as many as apply:

Is the roof due to be refinished?

If “yes” when? _____

Are there any existing building entries for the IFL cable? Yes _____ **No** _____

Explain _____



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Wall Material (required for wall mount only)

Construction/material of wall _____

Wall Type: Building Exterior Mount: _____ Freestanding/Wall Support _____

Penthouse: _____ Other: _____

Is access to backside of wall available entries for the IFL cables:

Yes _____ Explain: _____

No _____ Explain: _____

Note: Attach drawing of wall mount and wall (cross section through column, block or other structural support). Attach appropriate blueprint and architectural drawings if available.

Ground Mount (required for all pole mounts)

1. Describe location _____
_____.

2. How many feet from building can pole be installed? _____.

3. Are there existing underground utilities (water, gas, sewer, irrigation lines, etc.)? If any of the previous are present, have site contact local utility companies to flag/mark ground area, along with the depth of lines.

NOTE: All ground mount locations require the IFL cable to be in conduit.

Soil condition information (required. for ground mounts)

Grass: _____ Rock: _____ Sand: _____ Clay: _____ Marsh: _____ Asphalt/Concrete: _____

Trenching required from Antenna location to Building Entry Point: _____ (FT)

Will trenching require repair/replacement of any walkways or parking lot?

Yes: _____ No: _____ Explain: _____



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Location of indoor equipment (provide data for all options)

Indoor Unit

Where will modem be installed?

Equipment rack _____ Is there a shelf in the rack to place modem? _____
If no shelf is available, how will modem be placed in rack?

Other _____

Describe _____

AC Power available? Yes: _____ No: _____ **Power strip required?** Yes: _____ No: _____

Describe any AC power modifications or additions required for the IDU:

Total length of IFL cable required from Outdoor unit to Indoor unit (feet):

Opt 1: _____ **Opt 2:** _____

Describe Cable Routing:

Opt 1: _____

Opt 2: _____

Type of IFL cable required: PVC: _____ Plenum Rated: _____

Is conduit required for IFL? Yes: _____ No: _____ Explain: _____

Type of conduit: PVC: _____ Length: _____ EMT: _____ Length: _____



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Outdoor Unit

Grounding Information

Type of electrical grounding and location:

Customer data equipment information:

Type of data equipment (router, switch etc.): _____

Model number(s) of data equipment: _____

Location of data equipment, if not to be located with indoor unit: _____

Length of Ethernet cable needed from indoor unit to data equipment (feet):

Digital photos must be taken of the site. At a minimum please indicate the following:



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- 1.) **Line of site to the satellite**
- 2.) **Overview photo of proposed antenna/mount location**
- 3.) **Cable penetration location (POE)**
- 4.) **Indoor unit location**
- 5.) **Photos of particular issues which need to be addressed.**

DRAWING SHOULD INCLUDE A LEGEND AND SHOW EQUIPMENT LOCATIONS, TRENCHING, IFL RUN(S), FIRST AND SECOND OPTIONS ON ANTENNA LOCATIONS, RELATIVE POSITION OF BUILDING WITH RESPECT TO TRUE AND MAGNETIC NORTH, AND TERMINATION POINT. THE DRAWING SHOULD SHOW BOTH PLAN AND ELEVATION VIEWS.



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SITE SURVEY APPROVAL FORM

AS A CUSTOMER REPRESENTATIVE OF _____,

I HAVE REVIEWED THE ANTENNA LOCATION IN THE ATTACHED SITE SURVEY.

SIGNATURE

PRINT NAME

BUILDING OWNER REPRESENTATIVE APPROVAL

AS AN SUTHORIZED AGENT OF THE OWNER OF THE ABOVE NAMED BUILDING, I APPROVE THE LOCATION OF THE SATELLITE ANTENNA IN ACCORDANCE WITH THIS DOCUMENT (SITE SURVEY).

SIGNED: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

SPECIAL INSTRUCTIONS, CONCERNS, ETC

CALL VERIZON AT (972) 578-7100 TO DISCUSS QUESTIONS ABOUT SURVEY WHILE ON SITE.