

NOTICE OF PROPOSED CONSTRUCTION OR ALTERATION & OBSTACLE EVALUATION APPLICATION FORM FOR

Date:

ASSESSMENT OF POTENTIAL HAZARD TO AVIATION

AIR NAVIGATION SERVICES

Name and Mailing Address of Applicant:	Company Email Address:	
	Company Telephone Number:	Company Fax Number:
Name and Title of Working Level Contact Person (e.g. Kenneth James, Surveyor);	Contact Person Telephone Number	Contact Person Fax Number
Tower Site Location including Parish:		
Geographical Coordinates & Coordinate System e.g. N17 54 47 W077 52 26, WGS-84 obtained from GPS.		
Nearest Aerodrome if any:		
Tower Description e.g. 45 metre lattice tower		
Height of Base of Structure (Above Mean Sea Level):	Height of Tower (Above	e Ground Level)
Proposed Date of Construction:		
I HEREBY CERTIFY THAT ALL O F THE ABOVE STATEMENT MADE BY ME ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, IN ADDITION, I AGREE TO MARK AND/OR LIGHT THE STRUCTURE IN ACCORDANCE WITH ESTABLISHED MARKING AND LIGHTING STANDARDS AS NECESSARY.		
Type or print name & title of person completing form:	Signature:	