Please Type or Print on This Form

SKYPORT

BERMUDA Airport Authority

Notice of Proposed Construction or Alteration
(Potential Aviation Hazard)

Aeronautical Study Number

1. Sponsor *(person, company, etc. proposing this action):*
Attn. Of: _____
Name: _____
Address: _____
_____
City: _____ Postal Code: _____
Telephone: _____ Fax:

2. Sponsor's Representative *(if other than in Section 1)*
Attn. of: _____
Name: _____
Address: _____
_____
City: _____ Postal Code: _____
Telephone: _____ Fax: _____

3. Notice of: ☐ New Construction ☐ Alteration ☐ Existing

4. Duration: ☐ Permanent ☐ Temporary (months, days)

5. Work Schedule: Beginning: _____ End: _____

6. Type: ☐ Antenna Tower ☐ Crane ☐ Building ☐ Power Line
☐ Landfill ☐ Water Tank ☐ Arc Welding ☐ Other (specify) _____

7. Marking/Painting and/or Lighting Preferred:
☐ Red/Orange and White Paint ☐ High Intensity White
☐ Low Intensity Red ☐ Medium Intensity Red
☐ Medium Intensity White ☐ Other (specify) _____

8. **Antenna Structure Registration Number** *(if applicable):*
_____

9. **Latitude:** ____ ° ____ ' ____ "

10. **Longitude**: ____ ° ____ ' ____ "

11. **Datum:** ☐ WGS 84 _____ (Submit using WGS-84 Datum ONLY

12. **Nearest:** City: _____

13. **Nearest TXKF Runway Threshold**:

14. **Distance from #13 to structure:** _____

15. **Direction from #13 to structure:** _____

16. **Site Elevation** (AMSL in feet) _____

17. **Total Structure Height** (AGL in feet): _____

18. **Overall Height (#16 + #17)** (AMSL in feet): _____

19. **Previous CAD Aeronautical Study Number** (if applicable)
_____

20. **Temporary Obstacles:** List any temporary obstacles (eg. crane booms which will exceed the height stated in Section #18 above, with their total structure height(s) AGL in feet, and the estimated duration on site.

21. **Description of Site Location:** (Attach a Map with the precise site marked and any certified survey.)

22. **Complete Description of Proposal:**

For all developments which include electro-magnetic frequency emitting devices, provide the following information

	Mode of Modulation	Frequency	Power (kW)
	1.		
	2.		
	3.		
	4.		
	5.		

I hereby certify that all of the above statements 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 & lighting standards necessary.

Note: Failure to provide complete information may delay processing of this Notice

Date	Typed or Printed Name and Title of Person Filing Notice	Signature