

Please Type or Print on This Form

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| <h2 style="margin: 0;">Notice of Proposed Construction or Alteration (Potential Aviation Hazard)</h2> | Aeronautical Study Number _____ |
|---|------------------------------------|

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| <p>1. Sponsor (person, company, etc. proposing this action): Attn. Of: _____ Name: _____ Address: _____ _____ City: _____ Postal Code: _____ Telephone: _____ Fax: _____</p> <p>2. Sponsor's Representative (if other than in Section 1) Attn. of: _____ Name: _____ Address: _____ _____ City: _____ Postal Code: _____ Telephone: _____ Fax: _____</p> <p>3. Notice of: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Existing</p> <p>4. Duration: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (_____ months, _____ days)</p> <p>5. Work Schedule: Beginning: _____ End: _____</p> <p>6. Type: <input type="checkbox"/> Antenna Tower <input type="checkbox"/> Crane <input type="checkbox"/> Building <input type="checkbox"/> Power Line <input type="checkbox"/> Landfill <input type="checkbox"/> Water Tank <input type="checkbox"/> Arc Welding <input type="checkbox"/> Other (specify) _____</p> <p>7. Marking/Painting and/or Lighting Preferred: <input type="checkbox"/> Red/Orange and White Paint <input type="checkbox"/> High Intensity White <input type="checkbox"/> Low Intensity Red <input type="checkbox"/> Medium Intensity Red <input type="checkbox"/> Medium Intensity White <input type="checkbox"/> Other (specify) _____</p> <p>8. Antenna Structure Registration Number (if applicable): _____</p> | <p>9. Latitude: _____ ° _____ ' _____ "</p> <p>10. Longitude: _____ ° _____ ' _____ "</p> <p>11. Datum: <input type="checkbox"/> WGS 84 (Submit using WGS-84 Datum ONLY)</p> <p>12. Nearest: City: _____</p> <p>13. Nearest TXKF Runway Threshold: _____</p> <p>14. Distance from #13 to structure: _____</p> <p>15. Direction from #13 to structure: _____</p> <p>16. Site Elevation (AMSL in feet) _____</p> <p>17. Total Structure Height (AGL in feet): _____</p> <p>18. Overall Height (#16 + #17) (AMSL in feet): _____</p> <p>19. Previous CAD Aeronautical Study Number (if applicable) _____</p> <p>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. _____ _____</p> <p>21. Description of Site Location: (Attach a Map with the precise site marked and any certified survey.) _____</p> |
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| <p>22. Complete Description of Proposal:</p> | <p>For all developments which include electro-magnetic frequency emitting devices, provide the following information</p> | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Mode of Modulation</th> <th style="width: 20%;">Frequency</th> <th style="width: 20%;">Power (kW)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2.</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3.</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4.</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5.</td><td></td><td></td><td></td></tr> </tbody> </table> | | Mode of Modulation | Frequency | Power (kW) | 1. | | | | 2. | | | | 3. | | | | 4. | | | | 5. | | | |
| | Mode of Modulation | Frequency | Power (kW) | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 |
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