

APPLICATION FOR LOCATION OF AERONAUTICAL HAZARD

South Dakota Aeronautics Commission
Becker-Hansen Building, 700 E Broadway Avenue
Pierre, South Dakota 57501-9989
Aeronautics (605) 773-3574

| | | | |
|--|--|--|----------------------|
| Application ID: | | FAA Airspace #: | <input type="text"/> |
| State Permit #: | | | |
| A. APPLICANT | | | |
| <u>1. Proponent</u> Company: Address: Phone: Fax: Attention: | | <u>2. Proponent's Representative</u> Company: Address: Phone: Fax: Attention: | |
| B. TYPE OF STRUCTURE | | | |
| <u>3. Type</u> <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Existing | <u>4. Duration</u> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If temporary, expected duration of structure: From: <input type="text"/> To: <input type="text"/> | | |
| <u>5. Work Schedule Dates</u> Begin Date: | | Ending Date: | |
| <u>6. Nature and Complete Description of Structure</u> (Type of material, obstruction lighting and painting, and any special marking): | | | |
| C. LOCATION INFORMATION | | | |
| <u>7. Latitude</u> | <u>8. Longitude</u> | <u>9. Nearest City:</u> Dist & Direction to City: | |
| <u>10. Nearest Public Use Airport</u> Airport / City: Distance & Direction to Arprt: | | <u>11. Location Description:</u> | |
| <u>12. Height of Structure</u> a. Site Elev: ft. (MSL)..... b. Structure Height: ft. (AGL).. c. Overall Height: ft. (MSL)... | | | |
| <u>13. Nearest State Hwy and Distance to Hwy Centerline:</u> | | | |
| D. GENERAL INFORMATION | | | |
| <u>14. List and locate structures in the area which are more than 200' above ground. (Locate to the nearest 1/4 section.)</u> | | | |
| <u>15. If the proposed structure will not be located adjacent to the existing structures, explain why not.</u> | | | |
| THE UNDERSIGNED HEREBY AGREES TO SUCH FURTHER REQUIREMENTS AS THE STATE AERONAUTICS COMMISSION MAY PRESCRIBE RELATING TO MARKING, LIGHTING AND SAFETY TO THE FLYING PUBLIC AS MAY FROM TIME TO TIME BE ADOPTED BY THE COMMISSION FOR TOWERS 499' AND TALLER. | | | |
| CERTIFICATION: I hereby certify that all of the above statements made by me are true, complete and correct to the best of my knowledge and belief. | | | |
| Date: | Name and Title: | Signature: | |

To assist the Office of Aeronautics in processing the application, please include a U.S.G.S. Quad map with the structure location indicated on the map.