

SUPPLEMENTAL NOTICE

Submission Instructions: For Advance Notice of Actual Construction or Alteration. Complete items 1, 2, 3A (1), 3A(2), and 6. If applicable, also complete items 4 and 5. Detach Part 1. Fold and tape at bottom. Mail to the FAA Regional Office for your area. Part 1A is provided for your file.

Aeronautical Study No. _____



Notice of Actual Construction or Alteration

(Please Type or Print on this Form)

1. Construction

A. Type and Description of Construction <input type="checkbox"/> New <input type="checkbox"/> Alteration	B. Owner of Structure
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2. Construction Location -- Height

A. Coordinates (To hundredths of seconds, if known) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Latitude</td> <td style="text-align: center;">Longitude</td> </tr> <tr> <td style="text-align: center;">° ' "</td> <td style="text-align: center;">° ' "</td> </tr> </table>	Latitude	Longitude	° ' "	° ' "	B. Location (City, State, include Street Address if any)								
Latitude	Longitude												
° ' "	° ' "												
C. Construction Heights <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Site Elevation</td> <td style="width: 25%;">Ft. AMSL</td> <td style="width: 25%;">Structure Height</td> <td style="width: 25%;">Ft. AGL</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Total Height (Structure & Site) Above Mean Sea Level</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Ft. AMSL</td> </tr> </table>	Site Elevation	Ft. AMSL	Structure Height	Ft. AGL			Total Height (Structure & Site) Above Mean Sea Level				Ft. AMSL		
Site Elevation	Ft. AMSL	Structure Height	Ft. AGL										
		Total Height (Structure & Site) Above Mean Sea Level											
		Ft. AMSL											
D. Site Elevation Determined By <input type="checkbox"/> Actual Survey <input type="checkbox"/> USGS 7.5' Quad Chart <input type="checkbox"/> Other (Specify)	E. Reference datum of coordinates <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 <input type="checkbox"/> Other (Specify)	F. Name of Nearest Public-Use or Military Airport (include Distance and Direction from the Airport)											

3. Construction Notifications

A. Notification <p style="text-align: center; color: red;">(Notice Is Critical to Flight Safety --- FAR Part 77 Required) ★</p> <p style="color: red;">★ (1) Construction will start (Submit at least 48 hrs. in advance)</p> <p>(2) Estimated Completion</p> <p style="color: red;">★ (3) Structure Reached Greatest Height (Submit within 5 days)</p>	B. Construction/Project (1) Project Abandoned (2) Construction Dismantled	Date Date Date
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4. Marking and Lighting

A. Marked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary	B. Lighted <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Medium Intensity White</td> <td><input type="checkbox"/> High Intensity White</td> <td><input type="checkbox"/> Red</td> </tr> <tr> <td><input type="checkbox"/> Dual (Medium Intensity White & Red)</td> <td><input type="checkbox"/> Dual (High Intensity White & Red)</td> <td><input type="checkbox"/> None</td> </tr> </table>	<input type="checkbox"/> Medium Intensity White	<input type="checkbox"/> High Intensity White	<input type="checkbox"/> Red	<input type="checkbox"/> Dual (Medium Intensity White & Red)	<input type="checkbox"/> Dual (High Intensity White & Red)	<input type="checkbox"/> None
<input type="checkbox"/> Medium Intensity White	<input type="checkbox"/> High Intensity White	<input type="checkbox"/> Red					
<input type="checkbox"/> Dual (Medium Intensity White & Red)	<input type="checkbox"/> Dual (High Intensity White & Red)	<input type="checkbox"/> None					

5. Antenna Requiring FCC License

A. Call Sign	B. Frequency	C. Date Applied for FCC Construction Permit	D. Date Construction Permit Issued
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6. Preparer's Certification

Submitted by: (If submitted by a proponent's representative, please also complete item B.)	A. Proponent's Representative Name: Address: Tel. No.: (Include Area Code)	B. Construction Proponent Name: Address: Tel. No.: (Include Area Code)	
	I hereby certify that the information provided is true, complete, and correct to the best of my knowledge.		
	Signature	Title	Date

Notice is required by 14 Code of Federal Regulations, part 77 pursuant to 49 U.S.C., Section 44718. Persons who knowingly and willingly violate the notice requirements of part 77 are subject to a civil penalty of \$1,000 per day until the notice is received, pursuant to 49 U. & C., Section 46301(a).

Paperwork Reduction Act Statement: This information is collected to process obstruction data that is critical to flight safety and is not confidential. Providing this information is mandatory for anyone proposing construction or alteration that meets or exceeds the criteria contained in 14 CFR, part 77. We estimate that the burden of this collection is an average 15 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0001. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20