

## **TANZANIA CIVIL AVIATION AUTHORITY**

Revision: 2

# **AERODROMES AND GROUND AIDS**

Document No. TCAA/FRM/SR/AGA-08 A Title: Application for Aeronautical
Permit for Construction/Erection of a
Mast/ Aerial Structure

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1.	PARTICULARS OF APPLICATION:						
	a) Name of owner in full:						
	b) Permanent Address:						
	c) Telephone:						
	d) Fax:	d) Fax:					
	e) E-mail:						
	f) Physical Address:						
2.	PARTICULARS OF OPERATOR/REPRESENTATIVE:						
	a) Name of Operator in full:						
	b) Name representative in full:						
	c) Permanent Address:						
	d) Telephone:						
	e) Fax:						
	f) E-mail:						
	g) Physical Address:						
	h) Designation:						
3.	NATURE OF THE PROPOSAL:						
	Part A: New Construc	tion					
	Type: Mast/tower	Wind Turbine	Other:				
	Class: New	Re application of	Re application of approved site				
	Application	rejected site	due to change of location/ height				
	Class: Permanent	Temporary					
	c. Work schedule: Si	art date	End date				

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	Part	B: Exist	ting structı	ıre						
	Туре	Mast/tow	er	Wind	d Turbine		Otl	ner:		
	Class	: Permit		Re a	application o	of	Ch	ange of Locati	on	
	Rene	wal		rejed	cted site					
				rene	wal					
	Class	: Perman	ent	Tem	porary		Не	ight Extension		
								nd date		
			SCRIPTION							
(8									ting propose	
	modified AM, FM, TV or mobile telephone transmitting stations utilizing this structure i. 400 watts									
	ii. 900 MHZ frequencies									
	iii. 1800 MHZ frequencies									
(b) Include size and configuration of power transmission lines and their supporting towers in the vicinity of TCAA facilities and airports (Attach details)										
(0				ng sit	e orienta	tion, dim	ension	s and constr	uction mate	rials of
the proposed structure.  i. Antennae orientation:										
ii. Antennae height:										
iii. Construction material:										
5. S1	RUCTU		ORMATION							
		r Details								
S/N	Tower	Site	Village/Street	Ward	District	Region	Latitude	E Longitude	Ground	Tower
J	ID	Name	- mago/on oot		2.50.100	1.091011		Longitude	Elevation	Height
					<u> </u>					

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Name and address of Authority

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Date and reference of Approval



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### 8. CERTIFICATE:

In hereby certify that all of the above statements made by me are true, complete and correct to the best of my knowledge. "

Name and title of person filing the application:						
Signature	Date:					
9. FOR TCAA USE ONLY						
a) Is the information provided, correct and complete? (YES/ NO)						
b) If not, the application should be returned	b) If not, the application should be returned to the applicant for completion					
c) Note: The obstacle owner should be notified of any conditions that mast be met in orde						
for the application to be considered						
Inspector's name:	Signature: Date:					

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