

## Proposed Construction/Alteration in Airport Zones Notification Form

This form is required by the Delaware Department of Transportation (DeIDOT) Office of Aeronautics per Title 2 of Delaware Code<sup>1</sup> for all proposed development located within regulated airspace<sup>2</sup> in the State of Delaware. All public-use aviation facilities are surrounded by areas where airspace is protected by state and federal regulations. Structures that exceed maximum elevations in regulated airspace are considered airspace obstructions and potential hazards to air navigation. During this review, the structure location and height are tested against Federal Aviation Administration (FAA) criteria<sup>3</sup>. Once a decision has been made, the applicant and municipality/county will be informed. Applications are processed in the order that they are received. Please allow adequate time for complete review and analysis.

### Applicant Information:

First Name: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Last Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Project Site Information:

Site Address: \_\_\_\_\_  
Notice Of:  New  Alteration  
Duration:  Permanent  Temporary  
Structure:  Residential  Commercial  
 Tower/Pole  Other \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tax Parcel ID: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Coordinates of Highest Point Above Ground (Latitude/  
Longitude, North American Datum 83):  
\_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N, \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

Site Elevation (AMSL\*): \_\_\_\_\_ feet +  
Final Structure Height (AGL\*): \_\_\_\_\_ feet =  
Total Structure Elevation (AMSL\*): \_\_\_\_\_ feet

Site Plan and Architectural Sketch Attached  
(*height of tallest structure must be labeled*)

By signing, I hereby certify that all information provided is complete and accurate to the best of my knowledge<sup>4</sup>. I agree to fully comply with the decision of this review.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All required materials should be sent to DeIDOT at [DeIDOT Aeronautics@delaware.gov](mailto:DeIDOT_Aeronautics@delaware.gov) or via mail to DeIDOT Planning, Office of Aeronautics, PO Box 778, Dover, DE 19903.

For additional assistance, please contact the Office of Aeronautics at (302) 760-2214 or [DeIDOT Aeronautics@delaware.gov](mailto:DeIDOT_Aeronautics@delaware.gov).

\*AGL - Above Ground Level; AMSL - Above Mean Sea Level

<sup>1</sup>Per Delaware Code Title 2, Chapters 1,3, and 6 § 602.

<sup>2</sup>All properties within the geographic areas that encompass the entire FAR Part 77 imaginary surfaces for public-use airports in Delaware will require an obstruction review. Municipal and county offices will be provided maps.

<sup>3</sup>FAA imaginary surfaces are used to evaluate structures per 14 CFR Part 77, §77.19 and are subject to change.

<sup>4</sup>DeIDOT is not responsible for the accuracy of requested information. It is the responsibility of the applicant to provide accurate and complete information.

### Obstruction Review Decision (DeIDOT Office Use Only)

Date Received: \_\_\_\_\_ County: \_\_\_\_\_  
Nearest Public-Use Airport: \_\_\_\_\_  
Distance to Nearest Public-Use Runway: \_\_\_\_\_  
Previous FAA Case? Yes No  
If Yes, Number: \_\_\_\_\_

Decision: Approve Disapprove  
Conditional Approval<sup>†</sup>

<sup>†</sup>Contingent upon meeting one or more of the following conditions:

- Applicant must complete a 7460 Form.
- Applicant must notify the FAA prior to and after construction.
- Other condition as described in the attached signed letter.

Prepared By: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

