

Application for flight obstacle permit

New obstacle

Modification to obstacle

Applicant (who sets up the obstacle)	Name		Identity number
	Address	Postal code	City
	Contact person		
	Telephone	E-mail address	
Person/entity that maintains the obstacle (if not the applicant)	Name		
	Address	Postal code	City
	Contact person		
	Telephone	E-mail address	
Invoicing details	Name		
	Address		
	Business ID or VAT number	Invoicing reference	
	Electronic invoicing address/EDI code		
Obstacle ID number	ID number of the obstacle as given in the statement in accordance with the Finnish Aviation Act		
Obstacle type and location	<input type="checkbox"/> Wind mill <input type="checkbox"/> Pylon <input type="checkbox"/> Building <input type="checkbox"/> Crane <input type="checkbox"/> Chimney <input type="checkbox"/> Power line/pole		
	<input type="checkbox"/> Mobile crane <input type="checkbox"/> Tower crane <input type="checkbox"/> Other, specify _____		
	<input type="checkbox"/> Permanent obstacle Estimated date when completed _____		
	<input type="checkbox"/> Temporary obstacle . . 20 - . . 20 Time in operation _____		
	Description of activity _____		
	Obstacle location		
	Municipality _____		Village _____
	Geographical coordinates		
	N _____ ° _____ ' _____ " E _____ ° _____ ' _____ "		
	OR		
	Grid coordinates		
	North = _____ metres East = _____ metres		
	Coordinate system	<input type="checkbox"/> WGS-84 <input type="checkbox"/> KKJ <input type="checkbox"/> ETRS-TM35FIN	
	Method of determination	<input type="checkbox"/> GPS <input type="checkbox"/> Land survey measurement <input type="checkbox"/> Determined on map	
Obstacle height	Obstacle markings		
Top height above ground (AGL) _____ metres	Day markings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ground elevation at obstacle site _____ metres	Obstacle lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Top height above sea level (MSL) _____ metres			
Attachments	<input type="checkbox"/> Statement in accordance with the Finnish Aviation Act		
	<input type="checkbox"/> Other attachments _____ pcs		
Signature	Place and date _____		Applicant's signature and name in block capitals _____