Shellharbour
CITY COUNCIL

All Communication address to the Airport Manager
Shellharbour City Council,
Locked Bag 155
Shellharbour City Centre, NSW 2529
p. 02 4221 6111 **f.** 02 4221 6079
e. airport@shellharbour.nsw.gov.au
www.illawarraregionalairport.com.au

DX 26402 Shellharbour City Centre

WOLLONGONG AERODROME APPLICATION

(known as Illawarra Regional Airport)

APPROVAL TO CARRY OUT CONTROLLED ACTIVITY

Address to:
Airport Manager
Shellharbour City Council

Under the *Airports (Protection of Airspace) Regulations,* any activity that infringes an airport's protected airspace is a Controlled Activity, which requires approval before being completed.

COMPANY NAME:	**ON SITE CONTACT:**
PHONE:	**EMAIL:**

DESCRIPTION OF ACTIVITY/WORKS: **DA Number (if applicable):** _____

_____

_____

_____

Please attach site plan/map showing the location of crane or other item during activity/works

ACTIVITY ADDRESS:

START DATE OF ACTIVITY: **END DATE OF ACTIVITY:**	**DAILY OPERATING TIMES** **FROM:** **TO:**
GROUND LEVEL AT CRANE OPERATING LOCATION **(AHD):** **METRES**	**CRANE MAXIMUM OPERATING HEIGHT** **(ABOVE GROUND LEVEL):** **METRES**

CO-ORINDATES OF CRANE POSITION

MGA94 ZONE 56: **LAT/LONG:**

Please email the completed application to airport@shellharbour.nsw.gov.au.
Assessments will take a minimum of 3 working days, however due to the complexity of some assessments and other aerodrome agencies that may need to be involved, **advance notice of 4 weeks or more may be required**. To prevent any delay in processing ensure all the above information is completed and attached.

OFFICE USE ONLY OLS Height: metres	Total Crane Height:……metres	Distance & bearing from ARP: ……kms ……dg

Does Activity Penetrate OLS: ☐ Yes ☐ No
☐ Under or ☐ Over by: ……metres

If Yes, indicate departments to be contacted: ☐ CASA ☐ Airservices ☐ Dept of Infrastructure ☐ Defence

Comments:

Application Approved: ☐ Yes ☐ No Assessing Officer:
Conditions applicable to approval: