

YWG EQUIPMENT OVER 9 METERS IN HEIGHT APPLICATION

Submit completed form by email to the Winnipeg Airports Authority Inc. Permits Coordinator – permits@waa.ca | phone 204.987.9732

Project Title	
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SECTION ONE – OWNER

Company			
Address			
Contact			
Telephone		Cellular	
Fax		Email	

SECTION TWO – CONTRACTOR

Company			
Address			
Contact			
Telephone		Cellular	
Fax		Email	

SECTION THREE – SUB CONTRACTOR

Company			
Address			
Contact			
Telephone		Cellular	
Fax		Email	

SECTION FOUR – LOCATION OF WORK

Address / Bldg. No.						
Geographic Coordinates	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
1						
2						
3						
4						
5						

SECTION FIVE – DURATION OF WORK

Start Date		End Date	
Hours of Operation			



SECTION SIX – SCOPE OF WORK

Description

SECTION SEVEN – TOWER CRANE

Yes (if yes, complete this section) No

Swing Radius	Boom Length
Lights Yes <input type="checkbox"/> No <input type="checkbox"/>	Paint Yes <input type="checkbox"/> No <input type="checkbox"/>
Ground Elevation (m – geodetic / ASL)	
Crane Height (m – ground to highest point)	
Top of Crane Elevation (m – geodetic / ASL)	
Adjacent Structure Elevation (m – geodetic / ASL)	

SECTION EIGHT – MOBILE CRANE

Yes (if yes, complete this section) No

#	Type	Make	Model	Spec Sheet Attached
1				Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>
Swing Radius			Boom Length	
Lights Yes <input type="checkbox"/> No <input type="checkbox"/>			Paint Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ground Elevation (m – geodetic / ASL)				
Crane Height (m – ground to highest point)				
Top of Crane Elevation (m – geodetic / ASL)				
Adjacent Structure Elevation (m – geodetic / ASL)				

SECTION NINE – OTHER EQUIPMENT

#	Type	Make	Model	Spec Sheet Attached
1				Yes <input type="checkbox"/> No <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>
4				Yes <input type="checkbox"/> No <input type="checkbox"/>
5				Yes <input type="checkbox"/> No <input type="checkbox"/>
6				Yes <input type="checkbox"/> No <input type="checkbox"/>

CRITICAL EQUIPMENT FROM LIST ABOVE

Equip #	
Swing Radius	Boom Length
Lights Yes <input type="checkbox"/> No <input type="checkbox"/>	Paint Yes <input type="checkbox"/> No <input type="checkbox"/>
Ground Elevation (m – geodetic / ASL)	
Crane Height (m – ground to highest point)	
Top of Crane Elevation (m – geodetic / ASL)	
Adjacent Structure Elevation (m – geodetic / ASL)	

SECTION TEN – ADDITIONAL INFORMATION

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SECTION ELEVEN – INTERNAL USE ONLY

Nav Canada Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Plan of Construction Operations (YWG)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Transport Canada Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Site Analysis (YWG)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Site Survey Certificate – Ground Elevation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

FILE NUMBERS – INTERNAL USE ONLY

WAA File #	
TC File #	
Nav Can File #	
OneCall Ticket #	

APPROVAL – INTERNAL USE ONLY

Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved by (please print)		
Signature		
Comments		

