



Facility Alteration Permit (FAP)

Facilities and Airfield Management
 Thunder Bay International Airport Authority
 E-mail: ryan.brading@tbairport.on.ca
 Phone: (807) 473-2600

TBIAAI Office use only

Reviewed by: _____

Review date: _____

Approved Not approved:

Reason: _____

Follow up date: _____

No work will be authorized without a TBIAAI approved FAP. This form must be completed in full and submitted to the TBIAAI for approval. Visit our web page for more information. <http://www.tbairport.on.ca/>

A – PROJECT Description			
Project Title:			
Project Location & Scope: (Be as accurate as possible. Use map/drawing if necessary. Please use separate sheet if more space is required.)			
The infrastructure being worked on is:	Leased from Thunder Bay Airports Authority	Owned by the Company indicated as "Owner" on this application	
Designated Project Representative:	Project Initiator (Sec.B) <input type="checkbox"/>	Applicant (Sec. C) <input type="checkbox"/>	Contractor (Sec. D) <input type="checkbox"/>
Has your TBIAAI's Leasing Representative been notified of this project?	no	If yes, who?	
B – PROJECT INITIATOR	<input type="checkbox"/> TBIAAI	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other
Company Name:			
Billing Address:			
Project Initiator:	Title:		
Phone:	E-mail:		
C – FAP APPLICANT	<input type="checkbox"/> Check if same as Section B		<input type="checkbox"/> Authorized Agent
Company Name:			
Billing Address:			
Contact Name:	Title:		
Phone:	E-mail:		



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D – CONTRACTOR INFORMATION Has this contractor worked at the TBIAA site before? **yes** **no**

Contractor Name:	
Billing Address:	
Contact Name:	Title:
Phone:	E-mail:
Describe previous work this contractor has done at the airport:	Project Emergency 24/7 Contact Phone Number:

E – POTENTIAL OPERATIONAL IMPACTS

Excavation or Drilling <input type="checkbox"/> <i>*May require locates</i>	Electrical <input type="checkbox"/>	Barriers <input type="checkbox"/>	Hot Works (welding, torching, etc.) <input type="checkbox"/>
Crane / boom height considerations * May require a NavCanada Land Use Application Submission <input type="checkbox"/>	Passenger Flow Disruptions <input type="checkbox"/>	Traffic Flow Disruptions <input type="checkbox"/>	Physical changes to ATB (walls,plumbing, etc.) <input type="checkbox"/>

Provide a description of the above impacts specific to your scope of work:

F – UTILITIES

Will you be connecting to any of the following TBIAAI owned utilities or building systems? Check all that may apply.

Domestic potable water	Sanitary Sewer	Security
Electrical	Storm Sewer (open ditch or underground)	HVAC
Sprinkler/Fire Suppression	Data/communications	Non-potable water
Alarm	Natural Gas	Other

Anticipated Hazards (to be completed by requester)	Associated Controls (to be completed by the requester)

TBIAAI Notes: *project may be subject to the following conditions or limitations.*

Projects involving cranes, booms, or any other object that may protrude above prescribed allowable heights in the airfield and any excavation or drilling that requires locates MUST be cleared through TBIAAI prior to commencing operations. Failures to provide such notification will be subject to an immediate shutdown and potentially significant project delays.