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| **HILLSBOROUGH COUNTY AVIATION AUTHORITY** **TENANT WORK PERMIT APPLICATION** *Tampa International Airport Peter O. Knight Airport Plant City Airport Tampa Executive Airport**P.O. Box 22287, Tampa, FL 33622-2287* |
| **Scope/Nature of Request:** (Provide summary of request, activities involved and any other required or pertinent information to fully describe scope. (Additional pages may be used if necessary.) |
|       |
| Permit Required Date From:       | Airport/Location:       |
| Permit Required Date To:       | Request Date:       |
| ***Applicant acknowledges receipt of the applicable procedures and/or provisions pertaining to the above request and agrees in consideration of issuance of this Permit to be bound by the terms and conditions of such documents, those indicated on the reverse side of the Permit issued and all other applicable laws, rules, regulations and procedures.***  |
| **REQUESTOR:** |
| Name/Company/Organization:       |
| Contact Person for Requested Permit:       | Title:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| Phone No.:       | Fax:       | E-mail:       |
| ***I hereby certify that the above statements are true and correct and I have full power and authority to act on behalf of the above named firm, corporation or organization in the submission of this application.***  |
| Printed Name of Authorized Representative:       |
| Signature of Authorized Representative:  | Date:      |
| ***All activities performed under this Permit are at applicants own expense and risk. The Authority shall not be held liable for any damages, losses or injuries resulting from or connected with any activities performed under this Permit.***  |
| This Section to be Completed By Aviation Authority RepresentativePermission is hereby authorized for the requested activity. Permit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_Maintenance\_\_\_\_\_\_\_\_\_\_ Applicable Procedure: \_\_\_\_\_S744.01\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authority Representative Date |

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| **Work is being performed by: [ ]  Tenant** **[ ]  Contractor**

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| **Estimated cost:**  | **$** |  |

**If Contractor,** complete the remainder of this section:

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| Contractor:       |
| Mailing address:       |
| City:       | State:       | Zip Code:       |
| Phone No.:       | FAX:      | E-mail: |  |
| On Site Representative:       | Emergency Contact No.:       |

**By signature, Contractor acknowledges receipt of the applicable procedures and/or provisions pertaining to the requested work and agrees, in consideration of issuance of this Permit, to be bound by the terms and conditions of applicable documents, those indicated on the reverse side of Permit issued and all other applicable rules, regulations, procedures and laws.**  Authorized Contractor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Design Professional Information** (Complete this section if applicable)

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| Architect/Engineer/Designer:       |
| Address:       | Contact:       | Phone No.:       |

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| These sections to be completed by Authority Representative:Preconstruction Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date & Time) (Location)Authority Representative for Work: \_Kerry Duris\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_813-870-8757\_\_\_\_\_ |
| Date Insurance Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Risk Management Approved Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Bond(s) Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Bond Approved by Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Final Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Permit Closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FINAL INSPECTION:**Conditions or Exceptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Inspecting Supervisor Date Tenant Work Permit Coordinator Date |