



# AVIATION AUTHORITY \* 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, submit drawings and specification if needed. Additional pages may be used if necessary. The application must also contain (1) an FAA Determination of No Hazard if the duration is greater than 72 hrs. (2) site survey with an FAA accuracy code of 1A, if requested (3) a Variance application, if applicable (4) site plan with a building layout, if requested (5) building elevation plan, if requested (6) any additional information requested by the Airport Zoning Director to determine whether or not the proposal will comply with the Airport Zoning Regulations.

Project Name \ Description:

Applicant acknowledges receipt of the applicable procedures and/or provisions pertaining to the above request and agrees that in consideration of issuance of this permit to be bound by the terms and conditions of such documents and all other applicable laws, rules, regulations, procedures and laws.

Permanent (Height Zoning)  Check type of permit being requested  
Temporary (Crane/Equip.)

This application is required to be attached to the supplemental data form for Permit request (see on-line application process).

Name/Company/Organization: \_\_\_\_\_  
Contact Person for Requested Activity: \_\_\_\_\_ Phone: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Email: \_\_\_\_\_

**Under penalty of perjury, I hereby certify that the above statements and supplemental data 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: \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. by \_\_\_\_\_  
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Id Produced \_\_\_\_\_  
**(NOTARY SEAL)**  
Notary Signature \_\_\_\_\_

All activities performed under this permit are at applicant's own expense and risk. The Authority will not be held liable for any damages, losses or injuries resulting from or connected with this activity. This permit does not relieve the applicant from obtaining any other permits, approvals, or determinations from other governmental agencies as may be required in accordance with law.

**THIS SECTION TO BE COMPLETED BY AVIATION AUTHORITY REPRESENTATIVE**

Airport Study No. \_\_\_\_\_ Variance Required: \_\_\_\_\_  
FAA Study Number \_\_\_\_\_ Recommend Approval: \_\_\_\_\_  
Associated FAA Study Numbers \_\_\_\_\_ Coordinate with Airport Operations: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ Coordinate with ATCT: \_\_\_\_\_  
\_\_\_\_\_  
Approved by Zoning Director Date