



AVIATION AUTHORITY

* PETITION FOR VARIANCE *

Tampa International Airport Peter O. Knight Airport Plant City Airport Tampa Executive Airport
P.O. Box 22287, Tampa, FL 33622-2287

Provide a summary of request, activities involved and any other required or pertinent information as it pertains to any of the following criteria which will be used to substantiate a variance to the height zoning regulations. Additional pages may be used if necessary.

- The regulated height would create an unnecessary hardship to the applicant.
- Special conditions and circumstances apply which are not applicable to other similarly situated property.
- The proposal will not create a substantial detriment to public good or impair the purposes of the intent of these regulations.
- The proposal will not create a substantial adverse effect on the utility of the airport covered under these regulations.

Applicant acknowledges receipt of the applicable procedures and/or provisions pertaining to the above request and agrees that in consideration of issuance of this variance to be bound by the terms and conditions of such documents and all other applicable laws, rules, regulations, procedures and laws. The petitioner must forward to FDOT by certified mail, return receipt requested, a copy of the permit package and petition for comment. The review of this petition for variance and variance process will proceed only upon the receipt of FDOT's comments or waiver of that right. Include a copy of the certified mail receipt with the petition.

Date : _____ Nearest Airport: _____ Overall Height (AMSL): _____

Under penalty of perjury, I hereby certify that the above statements are true and correct and I have full power and authority to act on behalf of the Applicant's named firm, corporation or organization in the submission of this variance request.

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

All activities performed under this variance are at applicants own expense and risk, the Authority will not be held liable for any Damages, losses or injuries resulting from or connected with this activity.

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 _____

THIS SECTION TO BE COMPLETED BY AVIATION AUTHORITY REPRESENTATIVE

Airport Study No. _____ Variance Approval

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

FAA Study Number: _____

Associated Aeronautical Study Numbers: _____

FDOT Concurrence: YES: NO: WAIVED: In accordance with Resolution No. 20____ - _____

Board of Adjustment Chairman

Date