



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 FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____. by _____

(NOTARY SEAL)

Notary Signature _____

Personally Known _____ OR Produced Identification _____ Type of Id Produced _____

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 _____