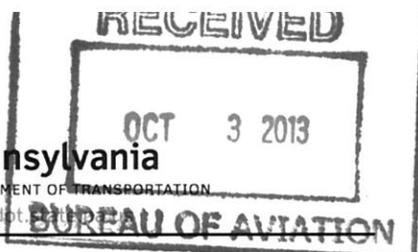


REQUEST FOR WAIVER



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.pa.gov



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME BAUBLITZ AIRPORT				DATE 10-2-13	
NAME OF LICENSEE CHANCEFORD AVIATION			POINT OF CONTACT (if different than Licensee) BRUCE W. EVELER		
DAYTIME PHONE NUMBER 717-870-4076		EMAIL bruce.eveler@comcast.net		DAYTIME PHONE NUMBER 717-870-4076	
STREET ADDRESS/P.O. BOX 3354 WARNER ROAD			STREET ADDRESS/P.O. BOX 34 HOUNGREN LANE		
CITY BROGUE	STATE PA	ZIP CODE 17309	CITY WINDSOR	STATE PA	ZIP CODE 17366

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <input type="checkbox"/> Attachments	
<p>6 STRUCTURES CONSISTING OF 4 HANGERS & 2 TRAILERS LOCATED ON THE NORTHEAST END OF THE AIRPORT, NEAR THE END OF RUNWAY 28. REQUEST IS FOR WAIVER OF OBSTRUCTIONS IN TRANSITIONAL AIRSPACE.</p>	
Explain why criterion cannot be met:	
<p>HANGERS HAVE EXISTED IN CURRENT LOCATION FOR MANY YEARS AND CANNOT BE RELOCATED TO ANOTHER AREA WHICH WOULD NOT ALSO BE CONSIDERED AN OBSTRUCTION. TRAILERS ARE OF LOWER HEIGHT & ALSO COULD NOT BE RELOCATED ANYWHERE ELSE ON AIRPORT PROPERTY.</p>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):	
<p>REQUESTED & RECEIVED FAA POSITION ON STRUCTURES TO WHICH THEY HAVE NO OBJECTION TO HANGERS A, C & D OTHER BUILDINGS ARE OF LOWER HEIGHT. HANGERS ALL HAVE DUSK TO DAWN LIGHTS TO ENSURE VISIBILITY AT NIGHT. ROTATING BEACON IS LOCATED ON TOP OF MID HANGERS.</p>	
List Type Approach (each rwy):	Public Airports Only:
<p>10 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR</p> <p>28 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR</p>	<p>Municipality in which located: CHANCEFORD TWP.</p> <p>Airport Hazard Zoning Enacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

CERTIFICATION	
I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.	
<p>BRUCE W. EVELER Name (Print)</p> <p>MANAGING PARTNER Title</p>	<p><i>Bruce W. Eveler</i> Signature</p> <p>10-2-13 Date</p>

Complete and mail to: **PennDOT Bureau of Aviation**
Attn: Aviation Specialist Supervisor
P.O. Box 3457
Harrisburg, PA 17105-3457

FOR BUREAU OF AVIATION USE ONLY
Received _____
Region _____