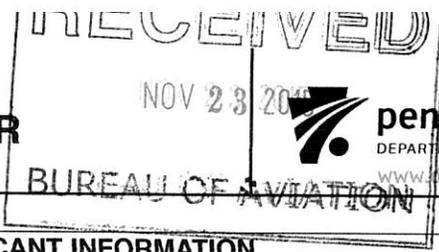


REQUEST FOR WAIVER



APPLICANT INFORMATION

AIRPORT/HELIPORT NAME EBENSBURG "9G8"			DATE 10/19/2015		
NAME OF LICENSEE EBENSBURG BORO			POINT OF CONTACT (if different than Licensee) RACRA INC		
DAYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER (814) 471-0346	EMAIL EBENSBURGLINK@AOL.COM		
STREET ADDRESS/P.O. BOX 300 W HIGH ST			STREET ADDRESS/P.O. BOX 3920 ADMIRAL PEARY HWY		
CITY EBENSBURG	STATE PA	ZIP CODE 15931	CITY EBENSBURG	STATE PA	ZIP CODE 15931

WAIVER REQUEST

State request and describe condition to be waived (attach documents, maps and photos as necessary): Attachments

Runway #25 transitional approach, TREES 5' OUT, 300' LEFT, 58' HIGH

Explain why criterion cannot be met:

PROPERTY IS OFF AIRPORT, NON-AIRPORT OWNED PROPERTY. PROPERTY OWNER REFUSES TO ALLOW ANY MORE ADDITIONAL TREES TO BE REMOVED

PROPERTY IS OWNED BY CHERYL LAUER, 130 E OGLE ST EBENSBURG PA 15931

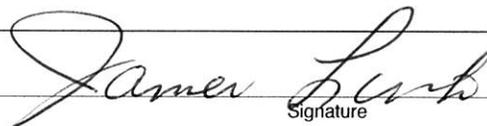
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):

PROPERTY OWNER AGREED LAST YEAR TO ALLOW THE AIRPORT TO REMOVE ONE ACRE OF TREES IN THIS AREA. THOSE TREES WERE IN THE APPROACH SLOPE AND WERE REMOVED BY RACRA. THE OWNER REFUSES TO ALLOW RACRA TO REMOVE ANY ADDITIONAL TREES CLAIMING IT WOULD REDUCE THEIR PROPERTY'S VALUE.

List Type Approach (each rwy): #25 TRANSITIONAL <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: <u>CAMBRIA TWSP</u> Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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CERTIFICATION

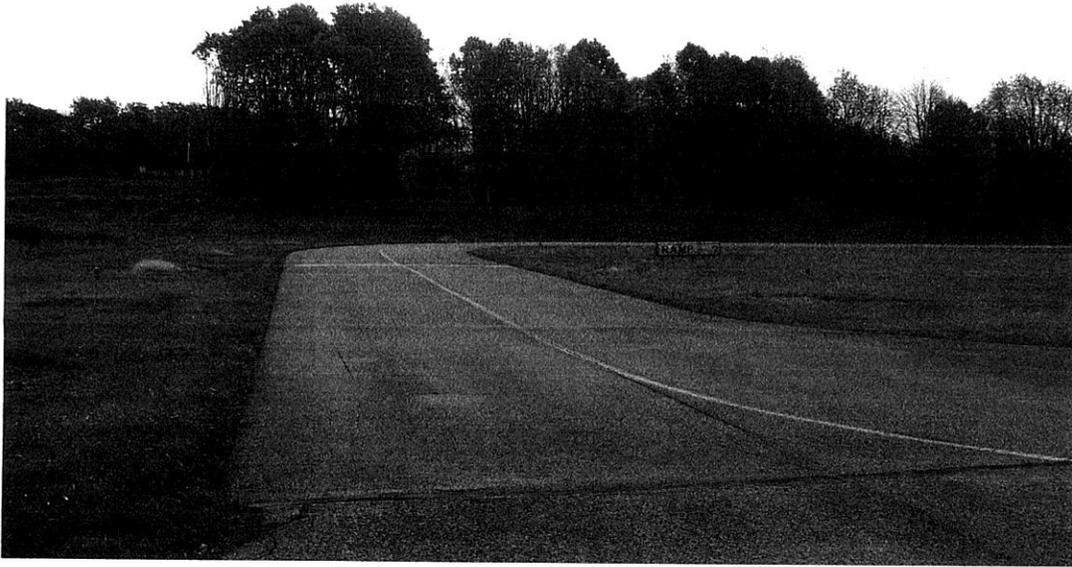
I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.

JAMES LINK Name (Print)	 Signature
RACRA President Title	10/19/2015 Date

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 _____	

#2



Lauer Property
#25 Transition