

# REQUEST FOR WAIVER



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

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <span style="float: right;"><input type="checkbox"/> Attachments</span>	
<b>HANGER BUILDING LOCATED ON NORTHWEST END OF AIRPORT AT END OF RUNWAY 10. REQUEST IS FOR WAIVER OF OBSTRUCTION IN TRANSITIONAL AIRSPACE.</b>	
Explain why criterion cannot be met:	
<b>HANGER HAS EXISTED IN CURRENT LOCATION FOR MANY YEARS AND CANNOT BE RELOCATED ANYWHERE ELSE ON PROPERTY THAT WOULD NOT STILL BE AN OBSTRUCTION.</b>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):	
<b>REQUESTED AND RECEIVED FAA POSITION ON STRUCTURE TO WHICH THEY HAVE NO OBJECTION TO HANGER B. HANGER IS LIGHTED W/ A DUSK TO DAWN LIGHT TO ENSURE VISIBILITY AT NIGHT. STATE INSPECTOR IS ADDING COMMENT TO G.C.R. DATABASE.</b>	
List Type Approach (each row):	Public Airports Only:
<b>10</b> <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Municipality in which located: <b>CHANCEFORD Twp.</b>
<b>28</b> <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Airport Hazard Zoning Enacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.	
<b>BRUCE W. EVELER</b> Name (Print)	 Signature
<b>MANAGING PARTNER</b> Title	<b>10-2-13</b> Date

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

<b>FOR BUREAU OF AVIATION USE ONLY</b>
Received _____
Region _____