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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

LIGHT POLES AND HIGHWAY 552' OUT, 97' LEFT, 19' HIGH FROM RNWY #25 APPROACH SLOPE.
HIGHWAY IS AT THE INTERSECTION OF RT #219 AND RT#22

Explain why criterion cannot be met:
NOT ABLE TO RELOCATE THE HIGHWAY

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

List Type Approach (each rwy): #25 Approach <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: CAMBRIA TWSP 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	10-19-15 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 _____	

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