

REQUEST FOR WAIVER



APPLICANT INFORMATION

AIRPORT/HELIPORT NAME FINLEYVILLE AIRPORT			DATE		
NAME OF LICENSEE FINLEYVILLE AIRPORT INC			POINT OF CONTACT (if different than Licensee)		
DAYTIME PHONE NUMBER 724 348 7202		EMAIL AIRCRAFTCONSULT @ AOL.COM		EMAIL	
STREET ADDRESS/P.O. BOX 196 AIRPORT ROAD P.O. BOX 231			STREET ADDRESS/P.O. BOX		
CITY FINLEYVILLE	STATE PA	ZIP CODE 15322	CITY	STATE	ZIP CODE

WAIVER REQUEST

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

NEED TO REMOVE DISPLACED THRESHOLD

Explain why criterion cannot be met:

BEGINNING OF RUNWAY 32 IS 55 TO 130 F.T FROM PROPERTY LINE

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

NEED TO PURCHASE THE REQUIRED PROPERTY FROM TOMKO CONSTRUCTION WHO RECENTLY PURCHASED FROM MARY PARRISH

List Type Approach (each rwy):

R32
R14

Visual NPI PIR
 Visual NPI PIR

Public Airports Only:

Municipality in which located: **UNION TOWNSHIP**
Airport Hazard Zoning Enacted: Yes 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.

LEN SCHAEFER

Name (Print)

PRES

Title

Len Schaefer

Signature

10-8-15

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 _____