

REQUEST FOR WAIVER



APPLICANT INFORMATION

AIRPORT/HELIPORT NAME Old Plains Airport			DATE		
NAME OF LICENSEE David Hirokawa			POINT OF CONTACT (if different than Licensee)		
DAYTIME PHONE NUMBER (215) 512-3792	EMAIL Dhirokawa@comcast.net		DAYTIME PHONE NUMBER	EMAIL	
STREET ADDRESS/P.O. BOX 1535 Old Plains Rd.			STREET ADDRESS/P.O. BOX		
CITY Pennsburg	STATE PA	ZIP CODE 18073	CITY	STATE	ZIP CODE

WAIVER REQUEST

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

Requesting a single in/out procedure, restricting departures to Runway 28 only; and landings to Runway 10 only.

Explain why criterion cannot be met:

The trees at the ends of the runway are on neighbors' property. They are unwilling to top or cut down the trees.

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

List Type Approach (each rwy):

10 Visual NPI PIR

28 Visual NPI PIR

Public Airports Only:

Municipality in which located: _____

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.

<p>David J. Hirokawa Name (Print)</p> <p>10/25/19 Title</p>	<p>David Hirokawa Signature</p> <p>10/25/2019 Date</p>
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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 _____