



# REQUEST FOR WAIVER

APPLICANT INFORMATION							
AIRPORT/HELIPORT NAME <i>Foley Heliport</i>						DATE <i>6/20/18</i>	
NAME OF LICENSEE <i>Foley Aviation LLC</i>				POINT OF CONTACT (if different than Licensee) <i>MIKE FOLEY</i>			
DAYTIME PHONE NUMBER <i>724-538-5639</i>		EMAIL <i>mike@foleyaviation.com</i>		DAYTIME PHONE NUMBER <i>412 906 1654</i>		EMAIL <i>mfoley@foleyexcavating.com</i>	
STREET ADDRESS/P.O. BOX <i>10 Mars Evans City Kc</i>				STREET ADDRESS/P.O. BOX <i>10 Mars Evans City Rd</i>			
CITY <i>Mars</i>		STATE ZIP CODE <i>PA 16046</i>		CITY <i>Mars</i>		STATE ZIP CODE <i>PA 16046</i>	

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary):	<input checked="" type="checkbox"/> Attachments
<i>We are requesting not to install FATO edge markings.</i>	
Explain why criterion cannot be met: <i>There is existing colored concrete with multiple layers of sealers. Our concern is that the white markings would not adhere to the sealed concrete.</i>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): <i>The proposed heliport is typically not easily accessible due to gates entering the property. The building shown in the attached exhibits is used only by the property owner for collector car storage. We propose installing a post-and-rail with sign (3 pictures attached) to prevent anyone from entering helicopter parking area.</i>	
List Type Approach (each rwy): <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: Airport Hazard Zoning Enacted: <input 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.	
Name (Print) <i>Michael R. Foley</i> Title <i>Managing Partner</i>	Signature <i>[Signature]</i> Date <i>6/20/18</i>

Complete and mail to: **PennDOT Bureau of Aviation**  
Attn: Aviation Specialist Supervisor  
P.O. Box 3151  
Harrisburg, PA 17105-3151

FOR BUREAU OF AVIATION USE ONLY	
Received	<i>6/20/2018</i>
Region	<i>4</i>