REQUEST FOR WAIVER



		NT INFORMATION		
AIRPORT/HELIPORT NAME ROSTRAVER			DATE 07/07/2017	
MESTMORELAND CO.	AIRPORT AUTHORITY	POINT OF CONTACT (if different the	nan Licensee)	
AYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER	EMAIL	
724) 539-8100	gmonzo@palmerairport.com	n (724) 539-8100	gmonzo@palmerairport.com	
TREET ADDRESS/P.O. BOX 05 AIRPORT ROAD		STREET ADDRESS/P.O. BOX 148 AVIATION LANE, S	UITE 103	
ITY BELLE VERNON	PA 15012	CITY LATROBE	PA 15650	
	WAIV	ER REQUEST		
tate request and describe con	dition to be waived (attach documents,		✓Attachmen	
	surface located on the southeast			
		i side di fullway 20. See allac	ried PAA Aeronautical Studies:	
011-AEA-1839-OE and	2011-AEA1840-OE.			
xplain why criterion cannot be				
The trees are located of	outside of the airport property line	es.		
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	e non-standard condition (attach addition	hal sheets and documentation as nece	essary):	
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Attn: Aviation Specialist Supervisor

P.O. Box 3457

Harrisburg, PA 17105-3457

Received _____ Region _