



# REQUEST FOR WAIVER

APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME Flying Dollar Airport				DATE 06/05/2017	
NAME OF LICENSEE Flying Dollar LLC			POINT OF CONTACT (if different than Licensee) David Turner		
DAYTIME PHONE NUMBER (646) 289-4753		EMAIL FlyingDollarLLC@gmail.com	DAYTIME PHONE NUMBER (646) 298-4753		EMAIL ddturner@mac.com
STREET ADDRESS/P.O. BOX 360 Dutch Hill Road			STREET ADDRESS/P.O. BOX 360 Dutch Hill Road		
CITY Canadensis		STATE PA	ZIP CODE 18325	CITY Canadensis	
		STATE PA	ZIP CODE 18325		

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <span style="float: right;"><input type="checkbox"/> Attachments</span> <u>Licensee wishes to demolish existing home / detached garage / gazebo on the property and erect a new house. While this new domicile will be set back further from the runway edge (02-20) than the existing house and garage, it will still penetrate the 7:1 transitional surface. Note that this house will be shorter than the tree line on the southwest edge of the runway which is already under a current waiver.</u>	
Explain why criterion cannot be met: <hr/> <hr/> <hr/> <hr/> <hr/>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): <hr/> <hr/> <hr/> <hr/> <hr/>	
List Type Approach (each rwy): <input 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: _____ 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.	
<u>Scott Scales - GLUCK+ Architecture</u> Name (Print)  <u>Project Manager (Owner's Agent)</u> Title	 Signature  <u>06/19/2017</u> Date

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

<b>FOR BUREAU OF AVIATION USE ONLY</b> Received <u>6/22</u> Region <u>1</u>
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