

DEC 4 2014

REQUEST FOR WAIVER



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

APPLICANT INFORMATION

AIRPORT/HELIPORT NAME <u>Altamose Ultralight Airport</u>		DATE <u>10/29/14</u>	
NAME OF LICENSEE <u>White Horse Associates</u>		POINT OF CONTACT (if different than Licensee) <u>Lance Altamose</u>	
DAYTIME PHONE NUMBER <u>610 935 1217</u>	EMAIL <u>lancealtamose@yahoo.com</u>	DAYTIME PHONE NUMBER <u>610 935 1217</u>	EMAIL <u>lancealtamose@yahoo.com</u>
STREET ADDRESS/P.O. BOX <u>4326 White Horse Rd</u>		STREET ADDRESS/P.O. BOX	
CITY <u>Mylvern</u>	STATE <u>PA</u>	ZIP CODE <u>19355</u>	CITY STATE ZIP CODE

WAIVER REQUEST

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

☐ Attachments

To close runway 16 due to obstructions

Explain why criterion cannot be met:

The obstructions a tree on and adjoining landowners property is unwilling to have the tree removed. In addition there is a utility line which the expense to get lowered is cost prohibitive as well as PECO is not even sure could be lowered due to safety regulations.

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

Contacted adjoining landowner by phone to make a request to have tree removed. Also contacted PECO service department.

List Type Approach (each rwy):

16 ☒ Visual ☐ NPI ☐ PIR
34 ☒ 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.

Lance Altamose
Name (Print)

Lance Altamose
Signature

Airport manager
Title

10/29/14
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 _____