

# REQUEST FOR WAIVER



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME <b>BAUBLITZ AIRPORT</b>					DATE <b>10-2-13</b>
NAME OF LICENSEE <b>CHANCEFORD AVIATION</b>			POINT OF CONTACT (if different than Licensee) <b>BRUCE W. EUELER</b>		
DAYTIME PHONE NUMBER <b>717-870-4076</b>		EMAIL	DAYTIME PHONE NUMBER <b>717-870-4076</b>		EMAIL <b>bruceeueler@comcast.net</b>
STREET ADDRESS/P.O. BOX <b>3354 WARNER Rd.</b>			STREET ADDRESS/P.O. BOX <b>34 HOLMGREN LANE</b>		
CITY <b>BROGUE</b>	STATE <b>PA</b>	ZIP CODE <b>17309</b>	CITY <b>WINDSOR</b>	STATE <b>PA</b>	ZIP CODE <b>17366</b>

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary):	<input type="checkbox"/> Attachments
<b>ABOVE GROUND 4,000 gal. FUEL FARM LOCATED ON THE NORTHEAST END OF RUNWAY 28. REQUEST IS FOR WAIVER OF OBSTRUCTION IN TRANSITIONAL AIR SPACE</b>	
Explain why criterion cannot be met: <b>FUEL FARM HAS EXISTED IN CURRENT LOCATION FOR MANY YEARS AND CANNOT BE RELOCATED DUE TO PA STATE SAFETY REGULATIONS &amp; THE FACT THAT IT COULD NOT BE RELOCATED ANY WHERE ELSE ON AIRPORT PROPERTY WHERE IT WOULD NOT BE AN OBSTRUCTION.</b>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): <b>REQUESTED &amp; RECEIVED FAA POSITION ON STRUCTURE TO WHICH THEY HAVE NO OBJECTION.</b>	
List Type Approach (each rwy): <b>10</b> <b>28</b>	Public Airports Only: Municipality in which located: <b>CHANCEFORD TWP.</b> Airport Hazard Zoning Enacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR

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.	
<b>BRUCE W. EUELER</b> <small>Name (Print)</small>  <b>MANAGING PARTNER</b> <small>Title</small>	 <small>Signature</small>  <b>10-2-13</b> <small>Date</small>

Complete and mail to: **PennDOT Bureau of Aviation**  
**Attn: Aviation Specialist Supervisor**  
**P.O. Box 3457**  
**Harrisburg, PA 17105-3457**

<b>FOR BUREAU OF AVIATION USE ONLY</b>
Received _____
Region _____