

REQUEST FOR WAIVER



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

WAIVER REQUEST

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

3 POWER POLES LOCATED ON THE NORTHEAST END OF RUNWAY 28 - POLES ARE 5'-10' HIGHER THAN THE HANGERS, WITH 2 LOCATED ON THE AIRPORT FURTHER FROM THE RUNWAY THAN THE HANGERS & 1 LOCATED OFF AIRPORT MUCH CLOSER FROM RUNWAY. REQUEST IS FOR WAIVER OF OBSTRUCTIONS TO TRAVELING AIRSPACE.

Explain why criterion cannot be met:
POLES HAVE EXISTED IN CURRENT LOCATIONS FOR MANY YEARS. IT IS NOT POSSIBLE TO RELOCATE POLES ON AIRPORT PROPERTY WHERE THEY WOULD NOT CONTINUE TO BE AN OBSTRUCTION. OFF AIRPORT POLE WOULD INTERFERE WITH THE FARMERS OPERATION IF MOVED

List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):
ACTION TAKEN IS THE REQUEST FOR THIS WAIVER, NO OTHER ACTION WOULD BE PRACTICABLE

List Type Approach (each rwy): _____ 10 28	<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	Public Airports Only: Municipality in which located: CHANCEFORD TWP. Airport Hazard Zoning Enacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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.

BRUCE W. EVELER Name (Print)	 Signature
MANAGING PARTNER Title	10-2-13 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 _____
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