

# REQUEST FOR WAIVER



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME KOLB				DATE 11/13/2015	
NAME OF LICENSEE Marcus Kolb			POINT OF CONTACT (if different than Licensee)		
DAYTIME PHONE NUMBER (610) 547-5413		EMAIL marcus.kolb@videoray.com		DAYTIME PHONE NUMBER	
STREET ADDRESS/P.O. BOX 580 Wall St			STREET ADDRESS/P.O. BOX		
CITY Phoenixville		STATE PA	ZIP CODE 19460	CITY	
				STATE	ZIP CODE

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary): <input type="checkbox"/> Attachments	
<p>Private Group Airport request for reduced width of turf runway from 100' to 70' until such time as land currently in crops can be reclaimed for landing area. Waiver should be needed only for 3-4 years to ensure land is adequately established for landing area. Currently airport is predominantly ultralight and light sport sized aircraft whereby 70' width provides adequate safety, but wish to add to the width for compliance with PA regs.</p>	
<p>Explain why criterion cannot be met: Current land is in crops and under agreement with local farm. Will need about 2 years to make changes to terms and reestablish turf in these areas adequate for safe operations of aircraft.</p>	
<p>List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary): Working with farmer with current access to land for reducing crop area and returning to turf.</p>	
<p>List Type Approach (each rwy):</p> <p><input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR</p> <p><input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR</p>	<p>Public Airports Only:</p> <p>Municipality in which located: _____</p> <p>Airport Hazard Zoning Enacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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.	
<p>Marcus Kolb Name (Print)</p> <p>Owner Title</p>	<p> Signature</p> <p>11/13/2015 Date</p>

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 _____