

# REQUEST FOR WAIVER



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME Lancaster General Hospital				DATE 08/25/2015	
NAME OF LICENSEE Lancaster General Hospital			POINT OF CONTACT (if different than Licensee) John Hartman		
DAYTIME PHONE NUMBER (717) 544-5511		EMAIL N/A	DAYTIME PHONE NUMBER (717) 544-5190		EMAIL johartma@lghealth.org
STREET ADDRESS/P.O. BOX 555 North Duke Street			STREET ADDRESS/P.O. BOX 555 North Duke Street		
CITY Lancaster		STATE PA	ZIP CODE 17604	CITY Lancaster	
		STATE PA	ZIP CODE 17604		

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>	
<p><i>Temp Heliport with single in/out approach path. Requesting waiver for requirement a single approach should be perpendicular to the prevailing winds.</i></p>	
Explain why criterion cannot be met:	
<p><i>Facility is temporarily replacing current licensed roof top heliport. New roof top facility being erected as part of 5 story building addition. Unable to place a level flight facility atop hospital till const. complete. LGH is a Trauma Center, require location of temp in this parking lot to meet criteria for hospital to remain Trauma Center.</i></p>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):	
<p><i>Removed obstacles under approach. Removed tree obstructions to North - But building obstruct the approach. Other directions are also blocked by building.</i></p>	
List Type Approach (each rwy):	Public Airports Only:
<input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR <input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	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.	
John Hartman Name (Print)	 Signature
Senior Director Facilities Management Title	08/26/2015 Date

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 _____