REQUEST FOR WAIVER



APPI ICANT	INFORMATION		
AIRPORT/HELIPORT NAME	IN ONWATION	DATE	
Fax-Terra Caelum Amport	DOUT OF COURT	DATE 8. Z	4.15
Lames C. Haxton	POINT OF CONTACT (if different than Licens	see)	
DAYTIME PHONE NUMBER EMAIL	DAYTIME PHONE NUMBER EMAIL		
814-279-7872 mxterrajim@gmai	STREET ADDRESS/P.O. BOX		
751 Old Camberland P.Ke	STREET ADDRESS/P.O. BOX		
Moyersdale PA 15552	CITY	STATE	ZIP CODE
1 10 10 10 10 10 10 10 10 10 10 10 10 10			
WAIVER REQUEST			
State request and describe condition to be waived (attach documents, maps and photos as necessary):			
I am Requesting a withver of the 100 tt width			
REQUIREMENT LOD a PRIVATE GROUP GRASS GIRSTRIP to 906+			
Explain why criterion cannot be met:			
The Pailaries count to and to			
The ERITERION CANNOT be met because of engineering			
design specitions, Thus design premits the 906+ width			
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):			
	,		
List Type Approach (each rwy):	Public Airports Only:		
☑Visual ☐NPI ☐PIR	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 name accompanying documents is true and correct.	d airport/heliport, that the information co	ntained in this a	pplication and any
c lamps (PAX TOTAL	1.00	Ittin	
Name (Print) Authorized asent	Sign	nature	
Authorized asent	8/04	1/15	
	0/2/	///	
Title	/ D	ale	

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 8/24/2015

Region ____ 4