AV-21 (8-11)

REQUEST FOR WAIVER

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

APPLICANT INFORMATION

AIRPORT/HELIPORT NAME			DATE
Sugan Pond			08/26/2015

NAME OF LICENSEE		POINT OF CONTACT (if different than Licensee)
Robert I. Toll		

DAYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER	EMAIL
(215) 938-8020	rtoll@tollbrothersinc.com		

STREET ADDRESS/P.O. BOX		STREET ADDRESS/P.O. BOX	
250 Gibralter Road			

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Horsham	PA	19044			

WAIVER REQUEST

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

Request waiver of the requirement for two approach/take off paths separated by an arc of at least 90 degrees.

Explain why criterion cannot be met:

Significant tree growth has occurred since the heliport was first licensed in 1983. A second approach/departure path would require significant tree removal which could extend into neighboring properties. Operations at this heliport are very infrequent, and I understand that landings/departures would be restricted to wind conditions favorable to the single in/out corridor.

List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):

List Type Approach (each rwy):

_____ ☑ Visual ☐ NPI ☐ PIR
_____ ☐ Visual ☐ NPI ☐ PIR

Public Airports Only:

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 named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.

Robert I. Toll		*R.C. Toll*
Name (Print)		Signature
		9-13-15
Title		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 _____