AV-21 (10-15)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

REQUEST FOR WAIVER

APPLICANT INFORMATION

AIRPORT/HELIPORT NAME	DATE
UPMC Somerset	03/18/2019

NAME OF LICENSEE	POINT OF CONTACT (if different than Licensee)
University of Pittsburgh Medical Center	Gregory Hoover

DAYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER	EMAIL
(412) 647-5308	dudekef@upmc.edu	(814) 443-5126	gvhoover@somersethospital.co

STREET ADDRESS/P.O. BOX	STREET ADDRESS/P.O. BOX
200 Lothrop Street	225 South Center Avenue

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Pittsburgh	PA	15213	Somerset	PA	15501

WAIVER REQUEST

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

We would like to retain the existing helipad landing lighting as amber in color.

Explain why criterion cannot be met:

The helipad was installed in 1995 with the landing lighting as amber in color. Due to financial constraints, we would not be able to replace the existing lighting fixtures. The lighting fixtures are cast in place inside the concrete pad.

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

We tried to get green replacement shades but the fixture is no longer manufactured and shades are not available.

List Type Approach (each rwy):	Public Airports Only:
220/040 ☑Visual ☐NPI ☐PIR	Municipality in which located: _____
310/130 ☑Visual ☐NPI ☐PIR	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.

Gregory V. Hoover	
Name (Print)	Signature
Chief Engineer	03/18/2019
Title	Date

Complete and mail to:

PennDOT Bureau of Aviation
Attn: Aviation Specialist Supervisor
P.O. Box 3151
Harrisburg, PA 17105-3151

FOR BUREAU OF AVIATION USE ONLY
Received _____
Region _____