

REQUEST FOR WAIVER



APPLICANT INFORMATION					
AIRPORT/HELIPORT NAME <i>Grove City Medical Center Heliport</i>					DATE <i>6/26/13</i>
NAME OF LICENSEE <i>Grove City Medical Center</i>			POINT OF CONTACT (if different than Licensee) <i>Mark D. Arblaster</i>		
DAYTIME PHONE NUMBER <i>724-450-7000</i>	EMAIL <i>—</i>	DAYTIME PHONE NUMBER <i>724-450-7140</i>	EMAIL <i>marblaster@gcmc.pa.org</i>		
STREET ADDRESS/P.O. BOX <i>631 North Broad St. ext.</i>			STREET ADDRESS/P.O. BOX <i>631 North Broad St. ext.</i>		
CITY <i>Grove City</i>	STATE <i>PA</i>	ZIP CODE <i>16127</i>	CITY <i>Grove City</i>	STATE <i>PA</i>	ZIP CODE <i>16127</i>

WAIVER REQUEST	
State request and describe condition to be waived (attach documents, maps and photos as necessary):	<input type="checkbox"/> Attachments
<i>Hospital Building 42.5 south of Heliport extends into part of the 12' Safety Area. Building is obstruction Lit.</i>	
Explain why criterion cannot be met:	
<i>The 12' safety Area extends out to the curb line for the Driveway preventing the shifting of the heliport so that the Building is not in part of the Safety Area.</i>	
List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):	
<i>The building is obstruction Lit.</i>	
List Type Approach (each rwy):	Public Airports Only:
<input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Municipality in which located: _____
<input type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	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.	
<i>Mark D. Arblaster</i> Name (Print)	<i>Mark D. Arblaster</i> Signature
<i>Director of Plant Operations</i> Title	<i>6/27/13</i> 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 <i>7/3/2013 JL</i>
Region <i>4</i>