AV-21 (8-11)

REQUEST FOR WAIVER

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

APPLICANT INFORMATION

AIRPORT/HELIPORT NAME	DATE
McMILLIN LANDING STRIP	07/25/2012

NAME OF LICENSEE	POINT OF CONTACT (if different than Licensee)
DIANN BEBBLE McMILLIN	BOB McMILLIN

DAYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER	EMAIL
(305) 484-9715		(724) 651-6125	

STREET ADDRESS/P.O. BOX	STREET ADDRESS/P.O. BOX
7851 SUNSET DRIVE	760 CHEWTON WURTEMBURG ROAD

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
MIAMI	FL	33143-4036	WAMPUM	PA	16157

WAIVER REQUEST

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

Request to waiver the required width of 100 ft. due to the installation of Airport Marking Cones, the maintance required to keep the Cones visible and the crops in the farmed fields around the Landing Strip.

Explain why criterion cannot be met:

The "Le Tourneau Plastics, Airport Marking Cones" will here by be known as Cones in the rest of this Document.
Each Cone is 36 inches wide, placed on a four foot square piece of ply-wood and we have a turf landing strip that requires mowing. We must mow on all four sides of the Cones and this requires a lawn mower width of five feet or more, depending on the location of each Cone. The planted, farm fields on all sides of the Landing Strip at this time prevent the widening of the Landing Strip.

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

As per a second telephone call on 7-25-12 from Mr. Logan, he made several suggestion for re-marking the landing strip. He will make and inspection and the decisions will be made then.

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.

Diann Bebble McMillin	*Diann Bebble McMillin* (signature)
Name (Print)	Signature
Owner	07/25/2012
Title	Date

Complete and mail to:

PennDOT Bureau of Aviation
Attn: Aviation Specialist Supervisor
P.O. Box 3457
Harrisburg, PA 17105-3457

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Received _____
Region _____4_____