AV-21 (8-11)

REQUEST FOR WAIVER

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

APPLICANT INFORMATION

AIRPORT/HELIPORT NAME				DATE
Penn Presbyterian Medical Center (PPMC South)				02/10/2015

NAME OF LICENSEE			POINT OF CONTACT (if different than Licensee)
Penn Presbyterian Medical Center			Joseph Szymanski

DAYTIME PHONE NUMBER	EMAIL	DAYTIME PHONE NUMBER	EMAIL
(215) 662-8631		(267) 249-5876	joseph.szymanski@uphs.upenn

STREET ADDRESS/P.O. BOX			STREET ADDRESS/P.O. BOX		
51 North 39th Street			51 North 39th Street W120		

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Philadelphia	PA	19104	Philadelphia	PA	19104

WAIVER REQUEST

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

Penn Presbyterian will be operating two (2) Helipad's in close proximity of each other. (North/South) Although both helipads are identified with required markings, we are requesting to use the existing amber lighting on the South pad. The North Pad will utilize green lighting as required. Flight crews who frequent the site feel that this will assist with identification between helipads at night when not on night-vision.

Explain why criterion cannot be met:

_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____
_____

List Type Approach (each rwy):
030App/210Dep _____ ☑Visual ☐NPI ☐PIR
290App/110Dep _____ ☑Visual ☐NPI ☐PIR

Public Airports Only:
Municipality in which located: N/A
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.

Joseph Szymanski	*Joseph Szymanski*
Name (Print)	Signature
Facility Safety Manager	2/10/2015
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 _____