



HILLSBOROUGH COUNTY AVIATION AUTHORITY
TENANT WORK PERMIT APPLICATION



Tampa International Airport Peter O. Knight Airport Plant City Airport Tampa Executive Airport
P.O. Box 22287, Tampa, FL 33622-2287

Scope/Nature of Request: (Provide summary of request, activities involved and any other required or pertinent information to fully describe scope. (Additional pages may be used if necessary.)

Permit Required Date From: _____ Airport/Location: _____
 Permit Required Date To: _____ Request Date: _____

Applicant acknowledges receipt of the applicable procedures and/or provisions pertaining to the above request and agrees in consideration of issuance of this Permit to be bound by the terms and conditions of such documents, those indicated on the reverse side of the Permit issued and all other applicable laws, rules, regulations and procedures.

REQUESTOR:

Name/Company/Organization: _____
 Contact Person for Requested Permit: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone No.: _____ Fax: _____ E-mail: _____

I hereby certify that the above statements are true and correct and I have full power and authority to act on behalf of the above named firm, corporation or organization in the submission of this application.

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

All activities performed under this Permit are at applicants own expense and risk. The Authority shall not be held liable for any damages, losses or injuries resulting from or connected with any activities performed under this Permit.

This Section to be Completed By Aviation Authority Representative

Permission is hereby authorized for the requested activity.

Permit No: _____ Department: Maintenance

Applicable Procedure: S744.01 Reviewed By: _____

 Authority Representative

 Date



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Work is being performed by: **Tenant** **Contractor**

Estimated cost: \$ _____

If Contractor, complete the remainder of this section:

Contractor: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ FAX: _____ E-mail: _____

On Site Representative: _____ Emergency Contact No.: _____

By signature, Contractor acknowledges receipt of the applicable procedures and/or provisions pertaining to the requested work and agrees, in consideration of issuance of this Permit, to be bound by the terms and conditions of applicable documents, those indicated on the reverse side of Permit issued and all other applicable rules, regulations, procedures and laws.

Authorized Contractor Signature: _____ Date: _____

Design Professional Information (Complete this section if applicable)

Architect/Engineer/Designer: _____

Address: _____ Contact: _____ Phone No.: _____

These sections to be completed by Authority Representative:

Preconstruction Conference: _____ at _____
(Date & Time) (Location)

Authority Representative for Work: Chuck Allen Phone No. 813-917-7441

Date Insurance Received: _____

Date Risk Management Approved Insurance: _____

Date Bond(s) Received: _____

Date Bond Approved by Authority: _____

Date Approved: _____

Dates of Final Inspection: _____

Date Permit Closed _____

FINAL INSPECTION:

Conditions or Exceptions: _____

Approved: _____ Date _____ Tenant Work Permit Coordinator _____ Date _____