

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:						
			Zip Code:			
City:		State:	Zip Code	::		
Phone No.:	Fax:	E-mail:	· 			
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Phone No.: I hereby certify that the above standard firm, corporation or organization. Printed Name of Authorized Re	atements are true and correct on ization in the submission of the epresentative: sentative: sentative:	E-mail: and I have full power and a is application. expense and risk. The Autl	nuthority to act of	n behalf of the above Date:		
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Phone No.: I hereby certify that the above stonamed firm, corporation or organ. Printed Name of Authorized Repressignature of Authorized Repressignature and activities performed under this damages, losses or injuries results.	epresentative: sentative:	E-mail: and I have full power and a is application. expense and risk. The Auth y activities performed unde	nuthority to act of	n behalf of the above Date:		
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Phone No.: I hereby certify that the above stonamed firm, corporation or organ. Printed Name of Authorized Representations of Authorized Representations. Signature of Authorized Representations. All activities performed under this damages, losses or injuries results. This Section to be Completed By A Permission is hereby authorized. Permit No: Applicable Procedure: S	extements are true and correct of nization in the submission of the expresentative: Sentative: Senta	E-mail: and I have full power and a is application. expense and risk. The Author activities performed under the large series and the large series are activities are activities and the large series are activities are activities and the large series are activities are activities are activities are activities and the large series are activities are activities are activities and the large series are activities and the large series are activities are activities are activities and the large series are activities are activities are activities and the large series are activities are activities are activities and the large series are activities are activities and the large series are activities and activities are activities are activities are activities are activities activities activities are activities ac	hority shall not be	n behalf of the above Date:		

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Work is being performed by:	Tenant	Contractor		
Estimated cost: \$				
If Contractor, complete the rem	ainder of this sectio	n:		
Contractor:				
Mailing address:				
City:	State:		Zip Code	:
Phone No.:	FAX:	E-mail:		
On Site Representative:		Emergency Contact No.:		
By signature, Contractor acknowled and agrees, in consideration of iss indicated on the reverse side of Pe Authorized Contractor Signat	uance of this Permit, ermit issued and all ot	to be bound by the terms a	nd conditions of appl	icable documents, those
Design Professional Informat		s section if applicable)		
Architect/Engineer/Designer:				
Address:	C	ontact:	Phone	No.:
These sections to be completed Preconstruction Conference:	(Date & Time)		at(Location) Phone No.	813-917-7441
Date Insurance Received:				
Date Risk Management Approve	ed Insurance:			
Date Bond(s) Received:				
Date Bond Approved by Authori	ty:			
Date Approved:				
Dates of Final Inspection:				
Date Permit Closed				
FINAL INSPECTION: Conditions or Exceptions:				
Approved:	Data	Towart Wart Da	rmit Coordinator	Data

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