

REVIEWED BY:

SRAA USE ONLY

Application #

Date Stamp:

OPS _____

Facilities Supervisor _____

Maintenance Supervisor _____

CHIEF _____

GIS _____



AIRPORT TENANT CONSTRUCTION / ALTERATION APPLICATION

Applicant to Comply With Instructions for Preparation of This Application

The applicant shall not commence performance of any of the said work prior to the receipt by applicant of a copy of this application duly signed by the necessary approving authority. The applicant, by signing this application, has acknowledged that applicant has read and understood the "Syracuse Hancock International Airport Construction and Alteration Process", the "Guidelines for Tenant Construction Plans and Specifications" and other accompanying policies, and agrees to be bound to all the conditions contained therein.

CONTACT INFORMATION

NAME OF APPLICANT (PLEASE PRINT)	NAME, ADDRESS & PHONE NO. OF PRIMARY CONTRACTOR
TITLE OF APPLICANT	
COMPANY OF APPLICANT	
ADDRESS OF APPLICANT (TO SEND NOTICE), & PHONE	NAME, ADDRESS & PHONE NO. OF ARCHITECT/ENGINEER

CONSTRUCTION / ALTERATION INFORMATION

DESCRIPTION OF WORK (CONCEPTUAL PLAN) - [NOTE: PLANS, SPECS, DRAWINGS, ETC., MUST BE SUBMITTED AND ATTACHED HERETO]

COMPANY OF APPLICANT	COMPANY OF APPLICANT	COMPANY OF APPLICANT
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SIGNATURE AND REVIEW INFORMATION

SRAA REQUIREMENTS (TO BE INITIALED BY AVIATION PROJECT OFFICER) <input type="checkbox"/> Record Drawings <input type="checkbox"/> Specifications <input type="checkbox"/> Maintenance <input type="checkbox"/> Construction Drawings <input type="checkbox"/> City/Town Permits <input type="checkbox"/> Chief <input type="checkbox"/> Site Plan <input type="checkbox"/> OPS <input type="checkbox"/> GIS <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Facilities Supervisor	SIGNATURE OF APPLICANT	DATE
	SIGNATURE OF AVIATION PROJECT OFFICER	DATE
	NAME OF AVIATION PROJECT OFFICER (PLEASE PRINT)	
	EXECUTIVE DIRECTOR'S ACKNOWLEDGEMENT	
IF APPROVED SUBJECT TO CONDITION, ATTACH CONDITIONS HERETO APPROVED DENIED CONDITIONAL	INITIALS: _____	DATE: _____