

PART 1: TENANT FILLS OUT

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY

PROJECT NAME and CONTACTS

Project Name		
Location		
Tenant Company Name		
Tenant Contact Leader & Company Name		
Address for Project Contact		
Project Contact Phone/ Email	Phone	Email

DESCRIPTION OF WORK Describe existing use, proposed use and reason for the work. More info attached.

Note: If scope of work changes, then applicant must re-apply.

WORK ELEMENTS OR IMPACTS (please check all that apply)

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Architectural changes | <input type="checkbox"/> Demolition | <input type="checkbox"/> Pavement |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> "High" Noise potential | <input type="checkbox"/> Trenching with shoring plan |
| <input type="checkbox"/> Water Hookup | <input type="checkbox"/> Telecomm & Network | <input type="checkbox"/> Crane use | <input type="checkbox"/> Impacts Traffic |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Fire Systems | <input type="checkbox"/> Airfield/ Ramps | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Security Systems | <input type="checkbox"/> Other _____ | |

REQUIRED ATTACHMENTS for APPLICATION

- Project Schedule with Milestones (start date, review times, finish date)

SIGNATURE OF TENANT CONTACT _____ DATE _____
 PHONE # _____

Submit original *and* 1 copy of this application and attachments to the Airport Property Manager.

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PART 1: TENANT FILLS OUT - SUBMITTAL CHECKLIST

1. What is the expected duration of the construction?
2. Will this project require core drilling of concrete floors/walls/ceilings?: Yes No
3. Will this project require the installation of new plumbing infrastructure or the replacement of existing plumbing infrastructure?: Yes No
If yes:
Will this project require new floor penetrations? Yes No
4. Will this project require the installation of new electrical infrastructure or the replacement of existing electrical infrastructure?: Yes No
If yes:
Will this project require new circuits? Yes No
Will this project require new outlets? Yes No
Will this project increase the electrical load? Yes No
If the load will increase, what is the increase/new load?
5. Will this project require the installation of new equipment or the replacement of existing equipment? (i.e., such as coolers, refrigerator and monitors): Yes No
If yes:
What is the cost of new equipment?
What is the type of equipment?
What is the weight of new equipment?
6. Will this project require the installation new signs or the replacement of existing signs?: Yes No
If yes:
What is the weight of new floor mounted signs?
What is the weight of new wall mounted signs?
What is the weight of new ceiling mounted, suspended, signs?
If suspended, what is the clearance between the bottom of the sign and the finish floor?
7. Will this project require the construction of new walls or the demolition of existing walls?: Yes No
If yes:
Will this project require the construction of new wall(s)? Yes No
Will this project require the demolitions of existing wall(s)? Yes No
8. Will this project require the installation of new Information Technology or the replacement of existing Information Technology? (i.e., such as ports, servers, fiber, phones, racks, and conduits): Yes No
If yes:
Will this project connect to the Airport Network infrastructure? Yes No
Y @ A @ A ^ | ç A ^ | ç A ^ | Ñ
Y @ A @ A ^ | ç A ^ | Ñ
Y @ A @ A ^ | ç A ^ | Ñ Yes No
If yes:
P [, A @ A ^ | ç A ^ | Ñ

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PART 2: AIRPORT OFFICE USE ONLY

Property - Application Received By: (sign and date):

Planning - Application Received By: (sign and date):

Airport Architect _____ **Job #** _____
Assigned Project Coordinator _____

Reviews Required

- | | | |
|--|--|--|
| <input type="checkbox"/> Fire - Hazmat | <input type="checkbox"/> Airport Planning | <input type="checkbox"/> FAA Form 7460-1 |
| <input type="checkbox"/> Fire - Sprinklers | <input type="checkbox"/> Planning Department | <input type="checkbox"/> FAA Other _____ |
| <input type="checkbox"/> Fire - Building | <input type="checkbox"/> County Health Dept | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Airport Environmental | <input type="checkbox"/> Other _____ |

Elements Required

- Artist Rendering or photo concept
- Materials Board
- Signage Plan
- Design Review Meeting Required
- Asbestos Abatement Plan

Badging Required / Access

- Building (non-AOA)
- AOA (SIDA class required)
- AOA Vehicle Access
- Movement Area Access

Fees and Comments

- Fee Required
- Comments Attached
- Conforms to Master Plan Projects
- Maintenance and Liability Issues _____
- Number of Plan Sets Required: _____

Concept Approvals:

Signatures

Date Approved

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Project Manager | _____ | _____ |
| <input type="checkbox"/> Airport Architect | _____ | _____ |
| <input type="checkbox"/> Property Manager | _____ | _____ |

Concept Review Application Approved/Disapproved

- Approved - No comments
- Approved with comments attached that must be complied with
- Not approved – comments attached

Senior Property Manager _____