Illinois Department of Transportation

Application for Approval of Extension or Alteration to

☐ Restricted Landing Area ☐ Airport ☐ Heliport

1. Certificate Holder's Name: _____

   Address: _____

   City/State/Zip: _____

   Telephone: _____

2. Facility Name: _____

3. Date Certificate of Approval was issued: _____

4. Describe proposed alteration or extension: _____

_____

_____

_____

5. Local general circulation newspaper for legal publications:

   Name: _____

   Address: _____

   City/State/Zip: _____

   Phone: _____ Fax: _____

6. Local Zoning Body Name: _____

   Address: _____

   City/State/Zip: _____

   Phone: _____ Fax: _____

7. Local zoning approved? ☐ Yes ☐ No Explain: _____

_____

8. Attach a drawing showing (1) present facility layout, including buildings, (2) proposed alteration or extension, (3) all distances or dimensions in feet, (4) height of all obstructions and distance and direction from runway (This requirement is waived when the proposed alteration or extension does not involve new construction). Answer all questions fully. If the answer to 6 is none, state "none" is the answer.

The above statements and the attached drawing are true and correct to the best of my knowledge and belief.

_____ _____

Certificate Holder Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form not being processed

The original signed copy of this form must be submitted to the Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Springfield, IL 62707-8415, Attn: Aviation Safety. To expedite processing, this completed signed form may be scanned and emailed to aeroavsafety@dot.il.gov or faxed to 217/785-4533.