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|--------------------------|-----------------------|--------------------------|------------|
| | Classification | | Use |
| <input type="checkbox"/> | Airport | <input type="checkbox"/> | Public |
| <input type="checkbox"/> | Ultralight/STOL | <input type="checkbox"/> | Private |
| <input type="checkbox"/> | RLA | | |
| <input type="checkbox"/> | Other | | |

Applicant

Facility Name (if different than applicant)

1. Name _____
 Address _____
 City/State/Zip _____
 Phone _____

2. Owner of Land _____
 Name _____
 Address _____
 City/State/Zip _____
 Phone _____

3. Legal Description (Township, Range & 1/4 Section) _____

 _____ in _____ County, Illinois
 Latitude: _____ Longitude: _____ Elevation: _____

4. Distance & Direction from Nearest City/Town _____ Miles _____ Direction

5. Local Zoning Body Name _____
 Address _____
 City/State/Zip _____
 Phone _____ Fax _____

Local zoning approved? Yes No Explain _____

6. Indicate proposed number and type of based aircraft _____

7. General Features
 Length: _____ Width: _____ Surface Type: _____

8. Local general circulation newspaper for legal publications
 Name _____
 Address _____
 City/State/Zip _____
 Fax _____

9. Obstructions to be removed:

Type _____

Directions _____

Distance / Height _____

10. Work to be done prior to issuance of certificate _____

Certification: I hereby certify that the information herein is true and complete.

Signature of Applicant

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.