

**TRI-CITY AREA JOINT AIRPORT ZONING BOARD
MBS INTERNATIONAL AIRPORT
8500 GARFIELD RD., SUITE 101, FREELAND, MICHIGAN 48623**

PERMIT APPLICATION

1. Sponsor

Name/Company/Organization: _____
Contact Person for Application: _____ Title: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone No. _____ Ext. _____
Fax No.: _____ Email: _____

2. Project/Structure

Nearest Airport: MBS Barstow Browne Clements
Distance from Airport: _____
New Construction: Alteration
Description of Project/Structure: _____

FAA Study No.: _____

Previous FAA Study No. _____

(Attach FAA Determination of No Hazard)

Latitude: _____ Longitude: _____

Datum: NAD 83 NAD 27 Other

Total Structure Height (AGL): _____ Site Elevation (AMSL): _____

Overall Height (Structure Height Plus Site Elevation): _____

Allowable Tri-City Zoning Height: _____

(Plot Structure Location on Tri-City Zoning Map, Attach to Application)

Work Schedule: Beginning _____ End: _____

3. Certification

I hereby certify that the above statements are true and correct and I have full power and authority to act on behalf of the above named firm, corporation or organization in the submission of this application.

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

4. Application Fee

\$100 non-refundable fee for each permit application. Make check or money order payable to MBS International Airport.

THIS SECTION TO BE COMPLETED BY ZONING ADMINISTRATOR

Zoning Administrator Application/Permit Number: _____

Reviewed By: _____ Date: _____

Application Status: Approved Denied If denied, reason for denial: _____

(Forward Application & Determination to Michigan Department of Transportation, Office of Aeronautics,
2700 Port Lansing Rd, Lansing, MI 48906-2160)