

## INDIANA DEPARTMENT OF TRANSPORTATION OFFICE OF AVIATION

100 North Senate Avenue, Room N955 Indianapolis, IN 46204

| Section A  |   |                          |               |                     |  |   |          |                           |  |   |  |
|--|---|--------------------------|---------------|---------------------|--|---|----------|---------------------------|--|---|--|
| Ownership (C   | heck One):  |                          |               |                     |  |   |          |                           |  |   |  |
| ☐ Private ☐ Munic  |   |                          |               |                     |  | ipality Government  |          |                           |  |   |  |
| Owner's Name   |   |                          |               |                     |  | Manager's Name & Title (write "same" if owner)                |          |                           |  |   |  |
|  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Owner's Address  |   |                          |               |                     |  | Manager's Address (write "same" if owner)                     |          |                           |  |   |  |
| Street:  |   |                          |               | Street:             |  |   |          |                           |  |   |  |
| City:  |   | ZIP:                     |               | City: State: ZIP:   |  |   |          |                           |  |   |  |
| Owner's Telephone Number and E-mail  |   |                          |               |                     |  | Manager's Telephone Number and E-mail (write "same" if owner) |          |                           |  |   |  |
| Telephone: E-mail:   |   |                          |               |                     |  | Telephone: E-mail:  |          |                           |  |   |  |
| Section B  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Nearest City or Town Distance and Direction from Nearest City or Town  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Miles: Direction:  |   |                          |               |                     |  |   |          |                           |  |   |  |
| County of Site   | e Location  | tude                     |               | Longitude Longitude |  |   |          |                           |  |   |  |
|  | Dage  |                          | Mini          | Min: Sec:           |  |   |          | Sage                      |  |   |  |
| Section  | Deg: Township   |                          | Min: Sec:     |                     | Range                                  | Deg:  |          | Min: Sec: Taxing District |  |   |  |
|  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Date Constru   | <b>Estimated Comple</b>   | stimated Completion Date |               |                     | Actual Completion Date (if applicable) |   |          |                           |  |   |  |
| Year: Month:   |   |                          |               | Year: Month:        |  |   |          | Year: Month:              |  |   |  |
| Section C  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Checklist iten   | ns to be proces   | sed wi                   | th State appl | ication:            |  |   |          |                           |  |   |  |
| 1. Completed FAA Form 7480-1, Notice of Landing Area Proposal  |   |                          |               |                     |  |   |          |                           |  |   |  |
| 2.   |   |                          |               |                     |  |   |          |                           |  |   |  |
| 3. A portion of a current Federal/State aeronautical chart (sectional) or topographic map depicting an area of at least a twenty-five (25) |   |                          |               |                     |  |   |          |                           |  |   |  |
| nautical mile (NM) radius surrounding the plotted position of the proposed flightpark  |   |                          |               |                     |  |   |          |                           |  |   |  |
| 4. Written consent of the property owner(s) unless the applicant holds title in fee simple to the proposed site                            |   |                          |               |                     |  |   |          |                           |  |   |  |
| 5.   | 5. A statement of the location of any sanitary landfills or open dumps within two (2) nautical miles of the proposed certified ultralight                       |                          |               |                     |  |   |          |                           |  |   |  |
| 6  | flightpark boundaries 6. Evidence that the applicant has obtained approval from the local zoning authority to establish a ultralight flightpark at the proposed |                          |               |                     |  |   |          |                           |  |   |  |
| 0.   | 6. Evidence that the applicant has obtained approval from the local zoning authority to establish a ultralight flightpark at the proposed site                  |                          |               |                     |  |   |          |                           |  |   |  |
|  |   |                          |               |                     |  |   |          |                           |  | - |  |
| I hereby certify that all of the above statements made by me are true and complete to the best of my knowledge                             |   |                          |               |                     |  |   |          |                           |  |   |  |
| Applicant's Signature  Date (month, day, year)   |   |                          |               |                     |  |   |          |                           |  |   |  |
| Applicant's Name (Print or Type)  Title (i.e., Owner)  |   |                          |               |                     |  |   |          |                           |  |   |  |
| Applicant 8 N  | ame (i riii or  | ıype)                    |               |                     |  |   | 1 ine (t | .e., Owner)               |  |   |  |