



**APPLICATION FOR PRIVATE-USE
SITE APPROVAL**

State Form 9193 (R2 / 3-17)

**INDIANA DEPARTMENT OF TRANSPORTATION
OFFICE OF AVIATION**

100 North Senate Avenue, Room N955
Indianapolis, IN 46204

Application for (Check One): Airport Heliport Seaplane Base

Section A

Ownership (Check One):
 Private Corporate Hospital Government

Owner's Name	Manager's Name and Title (write "same" if owner)
Owner's Address Street: City: State: ZIP:	Manager's Address (write "same" if owner) Street: City: State: ZIP:
Owner's Telephone Number and E-mail Telephone: E-mail:	Manager's Telephone Number and E-mail (write "same" if owner) Telephone: E-mail:

Section B

Nearest City or Town	Distance and Direction from Nearest City or Town Miles: Direction:		
County of Site Location	Latitude Deg: Min: Sec:		Longitude Deg: Min: Sec:
Section	Township	Range	Taxing District
Date Construction will Begin Year: Month:		Estimated Completion Date Year: Month:	Actual Completion Date (if applicable) Year: Month:

Section C

Checklist items to be processed with State application:

1. Completed FAA Form 7480-1, *Notice of Landing Area Proposal*
2. Completed Landing Area Location Drawing (accurate, legible etc.)
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 private-use airport

IMPORTANT:
 (105 I.A.C. 3-4-21(c)) The applicant for a private-use airport shall have sole responsibility for notifying and satisfying any requirements of a local governing body that has adopted an applicable zoning ordinance

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)