



**GERALD R. FORD INTERNATIONAL AIRPORT AUTHORITY (GFIAA)**  
**5500 44<sup>TH</sup> STREET SE, GRAND RAPIDS, MI 49512**  
**Phone: 616-233-6000 Fax: 616-233-6025**

**APPLICATION FOR  
 AIRPORT  
 CONSTRUCTION PERMIT**

**IMPORTANT – Applicant to complete all items**

LOCATION	AT:	Building #:	
TITLE OF PROJECT:		Contact Person Name:	Phone:
	Name	Mailing Address – Number, Street, City, State & ZIP Code	Telephone No. e-mail address
<b>Owner or Lessee:</b>			
<b>Architect or Engineer:</b>			
<b>Contractor:</b>			

Describe in detail what you are proposing to do (e.g., addition, interior or exterior modification, remodel, new entry, erect signage, change of use, antenna install, landscaping, etc.)

Plans Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tenant Development Standards (TDS) Review:	<input type="checkbox"/> Yes (date of TDS_____)	<input type="checkbox"/> No
Specifications Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does application comply with TDS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building Permit Obtained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Airport Minimum Standards (AMS) Reviewed:	<input type="checkbox"/> Yes (date of AMS_____)	<input type="checkbox"/> No
Certificate of Insurance (COI):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does application comply with AMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AOA Construction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Landside Construction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**Anticipated commencement date:** \_\_\_\_\_ **Anticipated completion date:** \_\_\_\_\_

**NO WORK IS TO BEGIN UNTIL THE GFIAA CONSTRUCTION PERMIT HAS BEEN ISSUED**

**Failure to pursue the entire project as described above will render this permit and approval void and project shall be resubmitted for review. Include a COI from the Contractor listing GFIAA as an additionally insured.**

I am the owner or lessee of the property on which this proposed project is located and the plans, specifications, and the information provided in the application is true and correct to the best of my knowledge and belief.

Typed/Printed Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

GFIAA Use Only:

**Building Permit Authorization:** \_\_\_\_\_  
 Approval Signature: \_\_\_\_\_ Authorization Date: \_\_\_\_\_

GFIAA Staff Use:

Distribution: GFIAA Files Facilities Operations Field Maintenance Police/Security Terminal Ops

Does Due Care Plan (DCP) apply to project site? Yes  No   
 If yes, date DCP transmitted to tenant \_\_\_\_\_