



GERALD R. FORD INTERNATIONAL AIRPORT AUTHORITY (GFIAA)
5500 44TH 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
Owner or Lessee:			
Architect or Engineer:			
Contractor:			

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 Building Maintenance Operations Field Maintenance Police/Security

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