



**NEW JERSEY DEPARTMENT OF TRANSPORTATION
BUREAU OF AERONAUTICS**

1035 Parkway Avenue, PO Box 600

Trenton, NJ 08625-0600

<http://www.nj.gov/transportation/airwater/aviation>

Phone: (609) 963-2100 - Fax: (609) 530-5270

APPLICATION FOR A "PERMANENT" AERONAUTICAL FACILITY LICENSE

(N.J.A.C. 16:54 "Licensing of Aeronautical Facilities")

FEE \$35.00	PUBLIC USE	<input type="checkbox"/> AIRPORT	<input type="checkbox"/> SEAPLANE BASE	<input type="checkbox"/> HELISTOP	<input type="checkbox"/> HELIPORT
		<input type="checkbox"/> BALLOONSPOT	<input type="checkbox"/> AIRSHIP BASE		
FEE \$25.00	RESTRICTED USE	<input type="checkbox"/> AIRPORT	<input type="checkbox"/> SEAPLANE BASE	<input type="checkbox"/> HELISTOP	<input type="checkbox"/> HELIPORT
		<input type="checkbox"/> BALLOONSPOT	<input type="checkbox"/> AIRSHIP BASE		
FEE \$15.00	SPECIAL USE	<input type="checkbox"/> AIRPORT	<input type="checkbox"/> SEAPLANE BASE	<input type="checkbox"/> HELISTOP	<input type="checkbox"/> HELIPORT
		<input type="checkbox"/> BALLOONSPOT	<input type="checkbox"/> AIRSHIP BASE		
FEE \$20.00	<input type="checkbox"/> PARACHUTE DROP ZONE		FEE \$15.00	<input type="checkbox"/> ULTRALIGHT RECREATIONAL FACILITY	

APPLICANT INFORMATION

NAME:		NJ TAX ID NO.:	
ADDRESS:			
CITY:		STATE:	
OFFICE PHONE:		HOME PHONE:	
FAX:		EMAIL ADDRESS:	
ZIP:		CELL:	

LICENSEE REPRESENTATIVE INFORMATION

NAME OF REPRESENTATIVE:			
ADDRESS: (IF DIFFERENT)			
CITY:		STATE:	
PHONE:		HOME PHONE:	
FAX:		OTHER:	
EMERGENCY CONTACT:		PHONE:	
		E-MAIL:	
ZIP:		CELL:	

FACILITY INFORMATION (PLEASE COMPLETE ALL FIELDS)

FACILITY NAME:		ASSOCIATED AIRPORT: (IF ANY)	
ADDRESS: (PHYSICAL LOCATION)			
CITY:		NJ	
MUNICIPALITY:		COUNTY:	
LATITUDE:		LONGITUDE:	
MAILING ADDRESS:		ELEVATION:	
CITY:		STATE:	
MANAGER:		PHONE:	
		ZIP:	
		OTHER:	
		E-MAIL:	

NEW JERSEY DEPARTMENT OF TRANSPORTATION, BUREAU OF AERONAUTICS

SPECIAL USE FACILITIES ONLY		
PILOT INFORMATION		
NAME	LICENSE NUMBER	RATING
AIRCRAFT INFORMATION		
MAKE	MODEL	FAA REGISTRATION #

**THE FOLLOWING "APPROPRIATE" ATTACHMENTS
MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS:**

ATTACHMENTS	CHECK
1. Required scaled drawing(s) -- include type and location of wind indicator(s)	<input type="checkbox"/>
2. Legal description of property (tax map)	<input type="checkbox"/>
3. Proof of ownership (copy of Title if owned; copy of lease authority for land use if not owned).	<input type="checkbox"/>
4. Certificate or statement that the county where the facility is to be located has been notified of the proposed action in the application.	<input type="checkbox"/>
5. Proof of governing body notification.	<input type="checkbox"/>
6. Copy of FAA <i>Notice of Landing Area Proposal</i> (FAA Form 7480 -1 - available at: https://www.faa.gov), as may be amended or superseded, and final determination.	<input type="checkbox"/>
7. Copy of legal notices published in at least two newspapers serving the jurisdiction of the appropriate governing body, as shown in 16:54, Appendix A. Bureau approval required prior to publication of notice.	<input type="checkbox"/>
8. For elevated heliport/helistop: Certified drawing showing the load bearing capacity.	<input type="checkbox"/>
9. Any Petitions for Exemptions to be considered	<input type="checkbox"/>
10. NJDOT Bureau of Aeronautics Forms DA-2 (https://www.nj.gov/transportation/airwater/aviation/forms.shtm)	<input type="checkbox"/>
11. Appropriate Aeronautical Facility Security Plan (Contact the Bureau of Aeronautics for a template)	<input type="checkbox"/>
12. Aeronautical Facility Operations Manual (https://www.nj.gov/transportation/airwater/aviation/forms.shtm)	<input type="checkbox"/>
13. A description of the expected use and activity level of the new or altered facility.	<input type="checkbox"/>
14. For "Special Use" facilities of less than required minimum effective runway:	<input type="checkbox"/>
15. a. Petition for Exemption concerning proposed runway dimensions.	<input type="checkbox"/>
16. b. True copy of applicable aircraft manufacturer's performance specifications and tables.	<input type="checkbox"/>
17. c. Request for demonstration flight.	<input type="checkbox"/>
18. APPROPRIATE APPLICATION FEE (see top of page 1) payable to "NJDOT Bureau of Aeronautics". Mail completed application with a check, money order or cashier's check to: NJDOT BUREAU OF AERONAUTICS, PO BOX 600, TRENTON, NJ 08625-0600, ATTN: LICENSING MANAGER	<input type="checkbox"/>

APPLICANT SIGNATURE

Date

ADDITIONAL INFORMATION

NEW JERSEY DEPARTMENT OF TRANSPORTATION, BUREAU OF AERONAUTICS

APPLICANT - PLEASE INCLUDE THIS PAGE
FOR USE BY THE BUREAU OF AERONAUTICS ONLY

Required Documents:	Scaled Drawing/Sketch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Legal Description of Property (Tax Map)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Proof of Ownership (Title, Lease, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	County Notification Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Governing Body Notification Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	FAA Form 7480-1(copy/Final Determination)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Legal Notice Published in 2 Newspapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Special Use Facilities:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	a. Petition for Exemption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	b. Aircraft Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	c. Performance Data	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	d. Request for Demonstration Flight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Certified Drawing of Elevated Heliport	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Petitions for Exemptions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	NJDOT Aeronautics Form DA-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Aeronautical Facility Security Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Aeronautical Facility Operations Manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

INSPECTOR NOTES:

RECOMMEND: Approval
 Disapproval

_____ _____
 Inspector's Signature Date

APPROVING OFFICIAL:	
_____	_____
Signature	Date

Screened by NJ Department of Transportation	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Reasons for Disapproval		