

APPENDIX C – Temporary Activity Permit

Springfield Robertson County Airport TEMPORARY ACTIVITY PERMIT

(Required for all special activities on the airport and adjacent to airport taxi lanes.)

Application for:

Commercial Photography Permit

Aircraft Static Display

Construction Permit

Special Event Permit

Describe in detail the proposed activity and location (include # of persons and vehicles, if necessary): _____

Add additional sheets if necessary, to fully describe proposed event

Date of event: _____ End date (if more than one day): _____

Start time of event: _____ End time of event: _____

Authorized Representative & Title: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Phone: _____ Billing Email: _____

The Applicant hereby requests the above action(s), and in consideration of this request being granted, agrees to the following:

1. FEE PAYMENT: The Applicant agrees to pay escort and all other required fees on time. The escort rate is \$45.00 per hour, with a minimum escort time of one hour.(May be waived at the discretion of the Airport Board)
2. PERMIT LIMITATIONS: This permit may not be assigned or transferred.
3. INFORMATION CHANGES: The Applicant shall notify Airport administration, in writing, of any change to the information provided.
4. RELEASE OF LIABILITY: The Airport Board assumes no liability for damage or loss to personal property while applicant operates at Airport.
5. INDEMNIFICATION: The Applicant and invitees shall indemnify and hold harmless Airport Board and its agents, officers, representatives, and employees.
6. COMPLIANCE WITH THE LAW, RULES AND REGULATIONS AND MINIMUM STANDARDS: The Applicant shall comply with all applicable laws, ordinances, rules and regulations and minimum standards.

Please check the box for each item attached and submitted with the application:

Certificate(s) of Insurance

Security/Safety Plan

The undersigned Applicant (representative) certifies he/she is authorized to sign for self (the business) and acknowledges receipt of a copy of this permit.

Applicant Signature _____ Date: _____

Applicant's Name Printed Legibly: _____

Staff Use Only

Application, permits and insurance reviewed by: _____

Airport Manager's Comments/Stipulations: _____

Approved by Airport Manager or Designee: _____