



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

1035 Parkway Avenue, PO Box 600

Trenton, NJ 08625-0600

email: DOT-Aeronautical.Licenses@dot.nj.gov Phone: (609) 963-2100 Fax: (609) 530-5270

<https://nj.gov/transportation/freight/aviation/documents/da1.pdf>

APPLICATION FOR A "PERMANENT" AERONAUTICAL FACILITY LICENSE

(Refer to 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	<input type="checkbox"/> VERTIPOINT	
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	<input type="checkbox"/> VERTIPOINT	
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	<input type="checkbox"/> VERTIPOINT	
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:	ZIP:
BUSINESS PHONE:		MOBILE PHONE:	
FAX:		EMAIL ADDRESS:	

LICENSEE REPRESENTATIVE INFORMATION

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

FACILITY INFORMATION (PLEASE COMPLETE ALL FIELDS)

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

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

	ATTACHMENTS 1-8 ARE REQUIRED TO COMPLETE THE APPLICATION PROCESS	CHECK	
1.	Proof of governing body notification.	<input type="checkbox"/>	
2.	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"/>	
3.	Proof of ownership (copy of Title if owned; copy of lease authority for land use if not owned).	<input type="checkbox"/>	
4.	Legal description of property (tax map)	<input type="checkbox"/>	
5.	Required scaled drawing(s) as per 16:54-3.1 (2) -- include type and location of wind indicator(s)	<input type="checkbox"/>	
6.	Copy of FAA Notice of Landing Area Proposal (FAA Form 7480 -1 - available at: https://www.faa.gov as may be amended or superseded, and the final determination. (Airspace Analysis Determination)	<input type="checkbox"/>	
7.	NJDOT Bureau of Aeronautics Form DA-2 https://nj.gov/transportation/freight/aviation/documents/da2.pdf	<input type="checkbox"/>	
8.	A description of the expected use and activity level of the new or altered facility.	<input type="checkbox"/>	
	INCLUDE ATTACHMENTS 9 – 14 IF APPLICABLE	Check	N/A
9.	Any Petitions for Exemption to be Considered; (16:54-11.3)	<input type="checkbox"/>	<input type="checkbox"/>
10.	For elevated heliport/helistop: Certified drawing showing the load bearing capacity	<input type="checkbox"/>	<input type="checkbox"/>
11.	For "Special Use" facilities of less than required minimum effective runway:	<input type="checkbox"/>	<input type="checkbox"/>
12.	a. Petition for Exemption concerning proposed runway dimensions.	<input type="checkbox"/>	<input type="checkbox"/>
13.	b. True copy of applicable aircraft manufacturer's performance specifications and tables.	<input type="checkbox"/>	<input type="checkbox"/>
14.	c. Request for demonstration flight.	<input type="checkbox"/>	<input type="checkbox"/>
	ATTACHMENTS 15 AND 16 CAN BE SUBMITTED AFTER CONSTRUCTION BUT BEFORE USE	CHECK	
15.	Appropriate Aeronautical Facility Security Plan (Contact the Bureau of Aeronautics for a template)	<input type="checkbox"/>	
16.	Aeronautical Facility Operations Manual (https://www.nj.gov/transportation/freight/aviation/forms.shtm)	<input type="checkbox"/>	
17.	Copies of the legal notices as per 16:54-3.2, and Appendix A, will be required later. The Bureau must first approve the publication of the legal notices so these copies will be submitted later.		
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: LICENSEG MANAGER	<input type="checkbox"/>	

 APPLICANT SIGNATURE & PRINT NAME

 DATE (mm/dd/yyyy)

APPLICANT - PLEASE INCLUDE THIS PAGE

FOR USE BY THE BUREAU OF AERONAUTICS ONLY				
<u>Required Documents:</u>	Governing Body Notification Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	County Notification Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Proof of Ownership (Title, Lease, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Legal Description of Property (Tax Map)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Scaled Drawing/Sketch	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 NJDOT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Aeronautics Form DA-2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Aeronautical Facility Security Plan Aeronautical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Facility Operations Manual Description of	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Expected Use and Activity Petitions for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Exemptions	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"/>
	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"/>	N/A <input type="checkbox"/>
	b. Aircraft Specifications and Performance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	c. Request for Demonstration Flight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Appropriate Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
INSPECTOR COMMENTS:				
RECOMMEND: Approval <input type="checkbox"/>		Not Approved <input type="checkbox"/>		
_____ Inspector's Signature		_____ Date (mm/dd/yyyy)		
APPROVING OFFICIAL:				
_____ Signature		_____ Date (mm/dd/yyyy)		
Reviewed by NJ Department of Transportation		Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	
Reasons for Not Approved:				