



Airport Hazard and Land Use Zoning Permit Application

APPLICANT CONTACT INFORMATION:

1. Property Owner's Name: _____
2. Mailing Address: _____
3. Daytime Telephone: _____ Alternate Telephone: _____
4. Email address: _____

PROPERTY INFORMATION:

5. 911 Site Address: _____
6. Property ID Number from Brazoria County Appraisal District: _____
7. Total Size of Site (Square Feet): _____
8. Size of Improvements (Square Footage): _____
9. Site Elevation (Above Mean Sea level): _____
10. Total Structure Height (Above Ground Level): _____
11. Overall Height (No.9 + No. 10) above Mean Sea Level: _____
12. Latitude of highest point of structure: _____ ° _____, _____, _____”
13. Longitude of highest point of structure: _____ ° _____, _____, _____”
14. Datum: ___NAD 83 ___NAD 27 ___Other

TYPE OF IMPROVEMENT: (Please mark all that apply)

- | | |
|---------------------------------------|-------------------------|
| _____ New Building | _____ Antenna Structure |
| _____ Alteration to Existing Building | _____ Tree/Vegetation |
| _____ Other - Describe: _____ | |

_____ PRIVATE (Individual, corporation, nonprofit institution, etc.)

_____ PUBLIC (Federal, state or local government)

ATTACH SURVEY/DRAWING/DEPICTION/MAP OF THE PROPERTY AND PROPOSED IMPROVEMENT

DESCRIPTION OF IMPROVEMENT OR PROJECT AND INTENDED USE OF LAND(ATTACH SEPARATE SHEETS IF NEEDED)

Will the property be used for any of the following purposes:

- Residential? (Y/N): _____
- Educational (including child care and vocational)? (Y/N): _____
- Medical, Institutional, Convalescent, or Rehabilitative Care? (Y/N): _____
- Nursing Homes? (Y/N): _____

If you answered "Yes" to any of the above, please describe further the proposed use: _____

Will any improvement or use create or cause electrical interference with communications between aircrafts and the Airport? (Y/N): _____

If "Yes," explain: _____

Will any improvement or use create or cause difficulty for pilots to distinguish aircraft and the proposed improvement or the Airport? (Y/N): _____

If "Yes," explain: _____

Will any improvement or use result in glare in the eyes of pilots or otherwise impair visibility in the vicinity of the Airport? (Y/N): _____

If "Yes," explain: _____

Will any improvement or use increase the likelihood of bird strikes? (Y/N): _____

If "Yes," explain: _____

Will any improvement or use endanger or interfere with the landing, taking off, or maneuvering of aircraft? (Y/N): _____

If "Yes," explain: _____

FAA AIRSPACE REVIEW:

Does this project require an airspace review by the FAA? Yes: _____ No: _____

Date FAA Form 7460-1 Submitted*: _____

*Please contact the Aviation Director at (979) 849-5755, for assistance completing FAA Form 7460-1

Date Determination Letter received from FAA: _____
(If received please attach a copy to this application)

NOTICE

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State or local law regulating construction or the performance of construction.

Applicant's Signature

Print Name

Date: _____

Return completed Application to:

Aviation Director
Texas Gulf Coast Regional Airport
8000 Airport Way
Angleton, Texas 77584
(979) 849-5755
permits@flylhx.org

Should you have any questions please contact the Aviation Director at (979) 849-5755 or email at permits@flylhx.org.

For Office Use Only:

Date Application Received: _____

Is project consistent with the Airport Zoning Regulation: Yes _____ No _____

Reason for project not being considered consistent with zoning regulation:

Airport Director Signature: _____

Date Application Considered by Brazoria County Commissioners Court.: _____

Permit Approved: Yes _____ No _____

Permit Returned to Applicant _____