

**MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND AVIATION ADMINISTRATION**

Tenant Improvements Section

P.O. Box 8766, BWI Airport

Maryland 21240-0766

Tel. 410-859-7796

Fax: 410-859-5440

APPLICATION FOR INSTALLATION PERMIT

GENERAL INFORMATION (To be completed by the applicant, please print)			
Project Name:		Airport <input type="checkbox"/> BWI <input type="checkbox"/> MTN	
Project Location (Bldg./Terminal, Level, Holdroom, Room No. etc.):		Tenant Space No.:	
Name of Tenant:		Tel.:	
		E-mail:	
Applicant/Contact Person:		Tel.:	
Representing:		Cell No.:	
Mailing Address:		Fax No.:	
		E-mail:	
The Installation is for: Exterior Signage <input type="checkbox"/> Security Equipment <input type="checkbox"/> Interior Signage <input type="checkbox"/> Food Service Equipment <input type="checkbox"/> Ticket/Information Counter <input type="checkbox"/> Exhibit <input type="checkbox"/> Dish/Antenna <input type="checkbox"/> Data/Cable <input type="checkbox"/> Other (Please Indicate):		Check Appropriate Box: New Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Modification <input type="checkbox"/>	
Project Description:			
Name of Contractor/Installer:		Tel.:	
		Cell/Emergency No.:	
Name of Contact:		E-mail:	
Maryland Contractor's License Number:		Expiration Date:	
<i>* Attach Photocopy of Current MD Contractor's License and Insurance Certificate.</i>			
Check Appropriate Box:			
Will the installation require alteration to electrical/mechanical systems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the installation require the use of new data outlets/cables?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the installation involve "Hot Work/Welding?"	<input type="checkbox"/> <input type="checkbox"/>	Will the installation involve Trenching and Excavation?	<input type="checkbox"/> <input type="checkbox"/>
Will a crane be used during installation?	<input type="checkbox"/> <input type="checkbox"/>	Will the work be done in a "Confined Space?"	<input type="checkbox"/> <input type="checkbox"/>
Temporary Installation If the installation is temporary, indicate for how long: (Please select one) <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> More than 12 Months <i>* The applicant will be required to restore/patch existing surfaces to their original condition when the installation is removed.</i>			
Applicant's Signature: _____ Date: _____			
FOR OFFICE USE ONLY			
Complete Application Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Certification	<input type="checkbox"/> <input type="checkbox"/>	Commercial Management Authorization	<input type="checkbox"/> <input type="checkbox"/>
Copy of Contractor's License	<input type="checkbox"/> <input type="checkbox"/>		
Permit Coordinator:		Date:	
Date Received:		IP Number:	
Date of Meeting:			
Date of Release:			