

**MARYLAND DEPARTMENT OF
TRANSPORTATION MARYLAND AVIATION
ADMINISTRATION**

**Permits 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 Food <input type="checkbox"/> Interior Signage <input type="checkbox"/> Service Equipment Exhibit <input type="checkbox"/> Ticket/Information Counter <input type="checkbox"/> Data/Cable <input type="checkbox"/> Dish/Antenna <input type="checkbox"/> Other <input type="checkbox"/> Other (Please Indicate):	Check Appropriate Box: New Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Modification <input type="checkbox"/>
Project Description:	MAA Only Funding Source:
Estimated Construction Cost (Required): \$	
Name of Contractor/Installer:	Tel.:
Name of Contact:	Cell/Emergency No.:
Maryland Contractor's License Number:	E-mail:
<i>* Attach Photocopy of Current MD Contractor's License and Insurance Certificate.</i>	Expiration Date:
Check Appropriate Box:	
Will the installation require alteration to electrical/mechanical systems?	Yes No <input type="checkbox"/> <input type="checkbox"/> Will the installation require the use of new data outlets/cables? Yes No <input type="checkbox"/> <input type="checkbox"/>
Will the installation involve "Hot Work/Welding?"	Yes No <input type="checkbox"/> <input type="checkbox"/> Will the installation involve Trenching and Excavation? Yes No <input type="checkbox"/> <input type="checkbox"/>
Will a crane be used during installation?	Yes No <input type="checkbox"/> <input type="checkbox"/> Will the work be done in a "Confined Space?" Yes No <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 * The applicant will be required to restore/patch existing surfaces to their original condition when the installation is removed.	
Applicant's Signature: _____ Date: _____	
FOR OFFICE USE ONLY	
Complete Application Form	Yes No <input type="checkbox"/> <input type="checkbox"/> Safety Plan Yes No <input type="checkbox"/> <input type="checkbox"/>
Insurance Certification Copy of Contractor's License	Yes No <input type="checkbox"/> <input type="checkbox"/> Commercial Management Authorization Yes No <input type="checkbox"/> <input type="checkbox"/>
Permit Coordinator:	Date:
Date Received:	IP Number:
Date of Meeting:	
Date of Release:	