Permit #_____

City of Orlando

SPECIAL AERONAUTICAL ACTIVITIES PERMIT

Application Fee $75.00 Date _____

Issuance Fee _____ Evidence of Insurance _____

Cash Bond _____ FAA Approval _____

Additional Fees _____ Cash Receipt Number _____

1. Applicant: _____ Phone Number: _____

   Address: _____ Fax Number: _____

   _____

2. Pilot: _____

3. Aircraft Information: Type: _____ Make: _____

   Model: _____ Dimensions: _____

   Landing Weight: _____ Registration No: _____

4. Description (extent and nature) of proposed aeronautical activity: _____

   _____

   Date(s) and time(s) activity will be conducted: _____

   _____

5. Address of property on which aeronautical activity will be conducted: _____

   _____

   Description of property: _____

   _____

   Statement of person in control of property: I hereby affirm that I own or control the above described property and consent to the conduct of the aeronautical activities described in this application.

   _____

   Signature **Date**

6. Reason for requesting authorization for activity at the above location: _____

   _____

   _____

7. **I HEREBY CERTIFY that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all requirements of law. I further certify that I, and the organization on whose behalf I make this application, shall jointly and severally indemnify and hold the City harmless against liability, including court costs and attorneys' fees, for any and all claims for damage to property, or injury to, or death of persons arising out of or resulting from the issuance of the permit or the conduct of the activity or any of its participants.**

   _____

   Signature **Date**