

**Lee County Port Authority Short Term/Emergency/Temporary Equipment  
Tall Structures Permit Application**

Instructions: Applicant shall fill out all applicable information, sign & date the application. Please forward the completed application and direct any questions regarding the completion of this application to the Lee County Port Authority Planning & Environmental Compliance Department at [tallstructure@flylepa.com](mailto:tallstructure@flylepa.com). Questions related to this application can also be directed to **(239) 590-4609**

<b>1. Airport nearest to project site (check one):</b>			
<input type="checkbox"/> Southwest Florida International Airport (RSW)		<input type="checkbox"/> Page Field Airport (FMY)	
<b>2. Applicant information</b>			
Contact Name:	Site Address:	Contact Number:	Email:
<b>3. Type of operation</b>		<b>4. Type of equipment</b>	
Provide Explanation:		Provide Explanation: Max Operating Height (AGL) _____ft.	
<b>5. Location of project</b>		<b>6. Duration of project</b>	
<b>(Point of working area closest to nearest runway)</b>		Date (Ex. 11/11/2019): _____	
Latitude (Ex. 26 Degrees, 34 Minutes, 50.50 Seconds) _____		Time (Ex. 0800-1700) _____ to _____	
Longitude (Ex. 81 Degrees, 51 Minutes, 45.50 Seconds) _____		Amount: ____hours	
<b>7. Height &amp; Elevation (complete to nearest foot)</b>			
-Elevations of site above mean sea level (AMSL): _____ ft.			
-Height of Temporary structure including all appurtenances (if any) above ground: _____ ft.			
-Overall height above mean sea level (total of above): _____ft.			
<b>REQUIRED ATTACHMENTS</b>			
<b>If cranes are to be used during the project, include the maximum crane height used during construction, dates and hours of operation, and shade in their envelope of maneuverability. A printout on Google Earth annotating locations and heights of points can satisfy this requirement</b>			
I do solemnly swear (or affirm) that the statements and information contained herein and on the required supporting documents are true and correct.			
Print Applicant Name: _____	Applicant Signature: _____	Date: _____	