

Suwannee County Airport

Aircraft Storage T-Hangar Application

Applicant Information:

Name: _____

Mailing Address: _____

Primary Phone: _____ Alt Phone: _____

Email : _____

Preferred contact preference: ☐ Phone ☐ Email ☐ Mail

Aircraft Information:

Manufacturer: _____ Model: _____ N Number: _____

Aircraft status: ☐ Airworthiness Certificate ☐ Insured

Owner Type: ☐ Individual ☐ Partnership ☐ Corporation

(Please list other owner(s) if Partnership)

Previous location this aircraft was stored _____

****Important Notice:** The name on the aircraft registration for the aircraft intended to be stored at the Suwannee County Airport **MUST** match the name on this application and Lease Agreement at the time a hangar is assigned.

Hangar size requested:

Sized Requested: ☐ 1000-1400 sq ft ☐ > 1400 sq ft

Priority: ☐ Size or ☐ First Available

Signed: _____ Date: _____

FOR AIRPORT STAFF USE ONLY:

Application Received: _____

Deposit Received: _____ Method: _____ Amount: _____

Date Added to Waitlist: _____ Manager Approval: _____

Date 1 offered hangar: _____ ☐ Phone ☐ Email ☐ Mail Initials: _____

Date 2 offered hangar: _____ ☐ Phone ☐ Email ☐ Mail Initials: _____

Date 3 offered hangar: _____ ☐ Phone ☐ Email ☐ Mail Initials: _____

Pass-Over 1 Date : _____ Pass-Over 2 Date: _____

Date received written acceptance notification: _____ (within 5 business days of offer)

Date Lease Agreement Executed: _____ Removed from Waitlist by: _____