



TENANT IMPROVEMENT APPLICATION

PROJECT INFORMATION

Please print clearly and fill in all that apply.

Project Name		
Project Location		
Tenant Company Name		
Tenant Contact		
Tenant Phone & Email	Phone	Email
Arch./Engineering Firm & Contact		
Arch./Engineer Phone & Email	Phone	Email
Contractor Name & Contact (if known)		
Contractor Phone & Email	Phone	Email

Description of Work (Describe existing use, proposed use and reason for work. Attach additional sheets as needed.)

Work Elements or Impacts

- | | | |
|---|--|--|
| <input type="checkbox"/> Antenna/Wireless/Satellite | <input type="checkbox"/> Podium/Back Wall/Millwork | <input type="checkbox"/> Roof Penetration(s) |
| <input type="checkbox"/> Structural Changes | <input type="checkbox"/> New Walls | <input type="checkbox"/> Under/Aboveground Tanks |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Demolition | <input type="checkbox"/> Fire System and/or Alarms |
| <input type="checkbox"/> HVAC/Mechanical | <input type="checkbox"/> Land Disturbance | <input type="checkbox"/> Asbestos Containing Materials |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Paving | <input type="checkbox"/> Fiber/Telecom/IT |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Security/CCTV | <input type="checkbox"/> Electrical |
| | <input type="checkbox"/> Architectural Changes | <input type="checkbox"/> Other _____ |

Schedule Allow adequate review time by Airport Management. Subsequent submittals will require additional review time.

Anticipated Start Date Anticipated Completion Date

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Application Submittal Checklist

Check all that apply and include with application.

- Completed and signed application
- Required sets of plans, specifications, calculations (4 sets minimum)
- Insurance certificate(s) (if not already on file) (including contractor)
- Copy of payment bond (if applicable)
- List of all subcontractors and contact information (if applicable)
- Hazardous material abatement plan (if applicable)
- Other: _____

Signature : _____
(Insertion of digital signature acceptable)

Date: _____

By signing, Tenant acknowledges understanding of the requirements stated herein including all attached exhibits where appropriate. Tenant guarantees that all contractors doing work in connection with this project will be paid and understands that County Airports will look to the Tenant to resolve any contractor/sub-contractor complaints and/or issues. Tenant also certifies that Tenant employees and/or contractors are qualified and OSHA training to perform the work.

Airport Use Only – Internal Review	Please sign if approved. If conditional, check box next to your name and attach separate sheet with conditions listed.
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- | | | | |
|--|-------|------|-------|
| <input type="checkbox"/> Operations Supervisor | _____ | Date | _____ |
| <input type="checkbox"/> Property/Business Development Manager | _____ | Date | _____ |
| <input type="checkbox"/> Assistant Director | _____ | Date | _____ |
| <input type="checkbox"/> Director | _____ | Date | _____ |

Approval Checklist

- Work plan received and approved by Director
- Insurance Received
- Bond Document(s) received (if applicable)
- List of all contractors & contact information received
- Final Drawings and specifications received
- Pre-construction meeting held (if applicable)
- Lease executed (new development)
- Other: _____

Project Close-Out Checklist

- Final inspection reports received
- Certificate of Occupancy received (if applicable)
- Board of Health inspection reports (if applicable)
- Lien Waivers received (if applicable)
- As-built documents received
- Warranties received (if applicable)
- Operation and Maintenance manuals received (if applicable)
- Other: _____

County of San Luis Obispo Airport

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