



TENANT IMPROVEMENT APPLICATION

PROJECT INFORMATION

Project Name		
Project Location		
Tenant Company Name		
Tenant Contact	Name	
	Phone	Email
Arch./Engineering Firm	Name	
	Phone	Email
Contractor	Name	
	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/Above 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 |

CONSTRUCTION SCHEDULE

Estimated Start Date: _____ Estimated Completion Date: _____

APPLICATION SUBMITTAL CHECKLIST

- Completed and signed Tenant Improvement Application
- Required sets of plans, drawings, specifications, calculations
- Insurance certificates for both tenant and contractor
- Copy of payment bond (if applicable)
- List of all subcontractors and their contact information (if applicable)
- Hazardous material abatement plan (if applicable)
- Other: _____

Signature: _____ **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 the County of San Luis Obispo will require the Tenant to resolve any contractor/sub-contractor complaints or issues. Tenant also certifies that Tenant employees and/or contractors are qualified and OSHA trained to perform the work.

AIRPORT USE ONLY – INTERNAL REVIEW APPROVAL

- | | | |
|--|------------------|-------------|
| <input type="checkbox"/> Operations Supervisor | Signature: _____ | Date: _____ |
| <input type="checkbox"/> Property Manager | Signature: _____ | Date: _____ |
| <input type="checkbox"/> Deputy Director | Signature: _____ | Date: _____ |
| <input type="checkbox"/> Airport Director | Signature: _____ | Date: _____ |

APPROVAL CHECKLIST

- Work plan application received and approved by Airport Director
- Insurance certificates received
- Bond Documents received (if applicable)
- List of all contractors/sub-contractors and contact information received
- Final Drawings and specifications received
- Pre-Construction meeting held (if applicable)
- Lease executed (new development only – if applicable)
- Other: _____