

## Instructions: Project Request

The Project Request Form is to be completed by the Applicant/Tenant and emailed to [Projects@flyontario.com](mailto:Projects@flyontario.com) in order to initiate a Project Review. To ensure timely processing, please ensure that all fields are completed and required documents attached. **Note: No work may commence until the Applicant/Tenant has received a signed Notice to Proceed (NTP) from the Ontario International Airport Authority.**

## Project Request Form – Page 1

**Project Name:** Enter a concise name for the project that clearly identifies the tenant and project scope, e.g. XYZ Airlines T1 Office Relocation.

**Tenant Lease/Agreement Number:** Enter your lease agreement number, if applicable.

**Program or Project:** Programs have a larger scope than projects. Programs may include several projects.

**Project Location:** Check the appropriate box to indicate the location and specify further, if applicable, i.e. Taxiway S, Terminal 1, Airport Drive, Hangar 20, etc.

**Project Address:** Enter a street address of project location, if applicable.

**Tenant Contact Information:** This field should indicate the Authorized Agent from the Tenant that will be copied on correspondence related to the program/project request.

**Designated Representative Contact Information:** This field should indicate the Program/Project Representative who will be the direct contact person and copied on correspondence related to the program/project request. Select the checkbox if Designated Representative is the same as the Tenant Contact.

**Estimated Milestones:** These estimates will be used to coordinate other construction and operations at the airport. Thus, any deviation from these estimates may be subject to further review and/or coordination. **Please note that program/project review and approval will take approximately 2 to 3 weeks.**

**Estimated Construction Cost and Funding Source:** Provide the estimated cost for the program/project and funding source.

**Project Scope:** Provide a detailed and thorough description of the program/project requested. This narrative should describe existing conditions, identify what is being changed, and why the change is taking place.

## Project Request Form – Page 2

**Impacts:** Check all boxes indicating possible areas of impact applicable to this program/project.

**New Square Footage:** Indicate if the program/project includes adding new building square footage. If yes, indicate the previous building area and the new building area after the addition is complete.

**Laydown Area:** Indicate if a laydown area outside of your leasehold will be requested to complete the project. If yes, indicate the approximate area (in square feet) that will be necessary.

## Attachments

Please submit the following items with the completed Project Request Form (PDF files preferred). The forms and insurance requirements can be found at <https://www.flyontario.com/corporate/project-request>:

- CEQA Questionnaire
- Project Drawings and/or Exhibits
- Contractor/Sub-contractor's Ontario Business License
- Contractor/Sub-contractor's Certificate of Insurance (See Exhibit C for Insurance Requirements)
- Contractor/Sub-contractor's W-9 AND Supplier Information Form (**if funding source is OIAA**)

<b>Project Name:</b> _____	<b>Tenant Lease / Agreement Number:</b> _____		
<b>This request is for a:</b> <input type="checkbox"/> Program <input type="checkbox"/> Project			
<b>Project Location (Check all that apply):</b>			
<b>Airside</b>	<b>Landside</b>		
<input type="checkbox"/> Runway _____	<input type="checkbox"/> Terminal _____		
<input type="checkbox"/> Taxiway _____	<input type="checkbox"/> FIS Facility _____		
<input type="checkbox"/> Apron _____	<input type="checkbox"/> CONRAC _____		
<input type="checkbox"/> Hangar _____	<input type="checkbox"/> Roadway _____		
<input type="checkbox"/> Cargo Facility _____	<input type="checkbox"/> Cargo Facility _____		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
<b>Project Address (if applicable):</b> _____			
Address	City	State	Zip Code
<b>Tenant Contact Information:</b>		<b>Designated Representative Contact Information:</b>	
Company Name _____		Company Name _____	
<input type="checkbox"/> <b>Check box if info is the same as Tenant</b>			
Name	Title	Name	Title
Address _____		Address _____	
City	State	City	State
Zip Code		Zip Code	
Email	Phone Number	Email	Phone Number
<b>Estimated Milestones:</b>			
Design Start Date: _____		Construction Start Date: _____	
Design Completion Date: _____		Construction Completion Date: _____	
<b>Estimated Construction Cost and Funding Source:</b>			
<b>Project Scope:</b>     			

# Project Request Form

**Impacts (Please check all that apply):**

<b>Utilities:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Telecommunication/IT <input type="checkbox"/> Tenant <input type="checkbox"/> OIAA <input type="checkbox"/> Life Safety System <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Other _____	<b>Special Equipment:</b> <input type="checkbox"/> Baggage Handling <input type="checkbox"/> 400 Hz <input type="checkbox"/> GSE Power <input type="checkbox"/> Boarding (Jet) Bridge <input type="checkbox"/> Preconditioned Air <input type="checkbox"/> FIDS, GIDS, BIDS, etc. <input type="checkbox"/> Crane – FAA7460 <input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Other _____	<b>Pavement:</b> <input type="checkbox"/> Service Roads <input type="checkbox"/> Taxilanes <input type="checkbox"/> Aircraft Apron <input type="checkbox"/> Curb and Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Truck/Hydrant Fueling <input type="checkbox"/> Other _____	<b>Building:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Temporary Facility <input type="checkbox"/> Elevator/Escalator <input type="checkbox"/> Roof <input type="checkbox"/> Walls <input type="checkbox"/> Windows <input type="checkbox"/> Exterior Doors <input type="checkbox"/> AOA Doors <input type="checkbox"/> Structural <input type="checkbox"/> Other _____	
<b>Environmental:</b> <input type="checkbox"/> Fuel Tanks <input type="checkbox"/> Diesel/Propane/ Natural Gas/Gas- fueled equipment <input type="checkbox"/> Refrigerants <input type="checkbox"/> Fugitive Dust <input type="checkbox"/> Asbestos <input type="checkbox"/> Soil Contamination <input type="checkbox"/> Noise <input type="checkbox"/> Other _____	<b>Interiors:</b> <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Fit & Finishes <input type="checkbox"/> Furniture, Fixtures, and Equipment <input type="checkbox"/> Other _____	<b>Signage:</b> <input type="checkbox"/> Static <input type="checkbox"/> Dynamic <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Other _____	<b>Affected Agencies/Tenants:</b> <input type="checkbox"/> TSA <input type="checkbox"/> CBP <input type="checkbox"/> FAA <input type="checkbox"/> Airlines _____ <input type="checkbox"/> Concessions _____ <input type="checkbox"/> Other _____	
<b>Exteriors:</b> <input type="checkbox"/> Exterior Remodel <input type="checkbox"/> Other _____				<b>Traffic:</b> <input type="checkbox"/> Traffic Impact <input type="checkbox"/> Other _____

**Does the Program/Project include adding new building (structure/facility) square footage?**  
 No    Yes   If yes, previous area: \_\_\_\_\_   New area: \_\_\_\_\_

**Note: This is NOT a request to add square footage to your leasing area. Programs/Projects shall be entirely within the lease limits.**

**Will the Program/Project require a laydown area outside of your leasehold?**  
 No    Yes   If yes, approximate area required: \_\_\_\_\_

**Note: This is NOT a request for a laydown area. Programs/Projects shall be entirely within the lease limits.**

**For OIAA Use Only**

<b>Date Received:</b> _____	<b>Project Number:</b> _____
<b>Comments:</b>	<b>Documents Received:</b> <input type="checkbox"/> CEQA Questionnaire _____ <input type="checkbox"/> Certificate of Insurance _____ <input type="checkbox"/> Ontario Business License _____ <input type="checkbox"/> Exhibits/Drawings _____ <input type="checkbox"/> Other _____