SLC DEPARTMENT OF AIRPORTS

TENANT IMPROVEMENT PERMIT APPLICATION

TIP Number
(*SLCDA Use Only*)

Project Details

Project Name				
Project Location				
Tenant Company Name				
Tenant Contact	Name:			
	Phone:		Email:	
Arch./Engineer Contact	Firm:		Name:	
	Phone:		Email:	
Contractor Contact	Company:		Name:	
	Phone:		Email:	

Description of Work

Project Schedule

Anticipated Start Date:		Anticipated Finish Date:	
Estimated Project Cost:			

Work Elements / Anticipated Impacts *(check all that apply)*

Antenna / Wireless / Satellite	☐	Podium / Back Wall / Millwork	☐	Roof Penetrations	☐
Structural Changes	☐	New Walls	☐	Under / Aboveground Tanks	☐
Hot Work	☐	Demolition	☐	Fire System and/or Alarms	☐
HVAC / Mechanical	☐	Land Disturbance	☐	Asbestos Containing Material	☐
Plumbing	☐	Paving	☐	Fiber / Telecomm / IT	☐
Doors	☐	Security / CCTV	☐	Electrical	☐
Fencing	☐	Architectural Changes	☐	Other (specify below)	☐

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 SLCDA 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 trained to perform the work.