



DEPARTMENT OF
AIRPORTS

TIP Number

(SLCDA Use Only)

TENANT IMPROVEMENT PERMIT APPLICATION

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	

Anticipated Start Date	Anticipated Finish Date
Estimated Project Cost	

Work Elements / Anticipated Impacts (check all that apply)					
<input type="checkbox"/>	Antenna / Wireless / Satellite	<input type="checkbox"/>	Podium / Back Wall / Millwork	<input type="checkbox"/>	Roof Penetrations
<input type="checkbox"/>	Structural Changes	<input type="checkbox"/>	New Walls	<input type="checkbox"/>	Under / Aboveground Tanks
<input type="checkbox"/>	Hot Work	<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 Material
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Paving	<input type="checkbox"/>	Fiber / Telecomm / IT
<input type="checkbox"/>	Doors	<input type="checkbox"/>	Security / CCTV	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Fencing	<input type="checkbox"/>	Architectural Changes	<input type="checkbox"/>	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.