

Instructions: Project Request

The Project Request Form is to be completed by the Applicant/Tenant and emailed to 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.**

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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.

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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**)

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

Project Request Form

Impacts (Please check all that apply):

Utilities:

- Electrical
- HVAC
- Telecommunication/IT
 - Tenant
 - OIAA
- Life Safety System
- Water
- Sewer
- Gas
- Other _____

Special Equipment:

- Baggage Handling
- 400 Hz
- GSE Power
- Boarding (Jet) Bridge
- Preconditioned Air
- FIDS, GIDS, BIDS, etc.
- Crane – FAA7460
- Commercial Kitchen
- Other _____

Pavement:

- Service Roads
- Taxi lanes
- Aircraft Apron
- Curb and Gutter
- Sidewalk
- Truck/Hydrant Fueling
- Other _____

Building:

- New Construction
- Temporary Facility
- Elevator/Escalator
- Roof
- Walls
- Windows
- Exterior Doors
- AOA Doors
- Structural
- Other _____

Environmental:

- Fuel Tanks
- Diesel/Propane/
Natural Gas/Gas-fueled equipment
- Refrigerants
- Fugitive Dust
- Asbestos
- Soil Contamination
- Noise
- Other _____

Interiors:

- Interior Remodel
- Fit & Finishes
- Furniture, Fixtures, and Equipment
- Other _____

Signage:

- Static
- Dynamic
- Interior
- Exterior
- Other _____

Affected Agencies/Tenants:

- TSA
- CBP
- FAA
- Airlines _____
- Concessions
- _____
- Other _____

Exteriors:

- Exterior Remodel
- Other _____

Traffic:

- Traffic Impact
- 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

Date Received: _____

Project Number: _____

Comments:

Documents Received:

- CEQA Questionnaire _____
- Certificate of Insurance _____
- Ontario Business License _____
- Exhibits/Drawings _____
- Other _____