

Owner / Operator

Mailing Address

BUILDING CODE ENFORCEMENT

Zip Code

HELIPORT/HELISTOP LICENSE APPLICATION

EMAIL TO: heliport.helistop@houstontx.gov

E-mail

City

Contact Person						Phone No.	Phone No.			
Proposed Facility Address					City	•		Zip Code		
Contact Person						Phone No.				
Type of License (Check all appropriate boxes)							Number	of Operations	Proposed Daily	
Helistop Heliport Elevated Ground Level					10 Days	90 Days				
Days & Hours of C	perations					_	-			
Sunday	Monday	1onday Tuesday		Wednesday		Thursdo	ау	Friday	Saturday	
Hrs.:	Hrs.:	lrs.: Hrs.:		Hrs.:		Hrs.:		lrs.:	Hrs.:	
Type and gross weight of largest helicopter to use facility Distance to nearest church, school or residence (in feet)										
Submit this application and all supporting documents indicated on the Supplement Page. (see back of application) DECLARATION IN SUPPORT OF APPLICATION FOR CITY OF HOUSTON HELIPORT / HELISTOP LICENSE APPLICATION My name is, my date of birth isand my address is (First, Middle, Last Name) (MM/DD/YYYY)										
						and				
(Street, City, State, and Zip Code)							(County)			
I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration. I declare under penalty of perjury that the foregoing is true and correct.										
Executed inCounty, State of						, on the	_day of	(Month)	, 20 (Year)	

Supplement to Permanent Helistop / Heliport License Application

The following documents must accompany the application for consideration

Site Plan

A graphic depiction or drawing of an area or space on the ground within a 2,400-foot radius from center of the touchdown pad indicating the approach and departure routes, obstructions along and adjacent to the approach-departure path, and the location of all residences, schools, and churches. The site plan map shall be at a scale no less than one inch equals 300 feet.

Plot Plan

a graphic depiction or drawing of a small planned area, either on the roof of a building or on the ground, that reflects the location of the actual landing area, markings and identification of the landing area, aircraft parking area, peripheral area, other unobstructed areas, fencing, safety barriers, screening, ingress and egress path, any proposed structures or accessory equipment, fire protection equipment, communication signs, patron and employee parking areas, maintenance and fuel area, and any other details, if any, required under the Construction Code, the Fire Code or this article. The scale for the plot plan map shall be not less than oneinch equals 50 feet.

Two copies of engineering drawings for elevated facilities

FAA letter of airspace determination.

Statement of ownership or authorization by the owner indicating no deed restrictions to helicopter operations at the site.

Name of insurance carrier and proof of insurance as required (minimum of one million dollars \$1,000,000.00)

Affidavits of publication and other proof that all required notices have been given.

A photograph of the sign posted in accordance with Article V, Sec. 9-319.d.1 Code of Ordinances.

A non-refundable deposit of \$500.00.

Supplement to 10 Day / 90 Day Helistop / Heliport License Application

The following documents must accompany the application for consideration

Site Plan

A graphic depiction or drawing of an area or space on the ground within a 2,400-foot radius from center of the touchdown pad indicating the approach and departure routes, obstructions along and adjacent to the approach-departure path, and the location of all residences, schools, and churches. The site plan map shall be at a scale no less than one inch equals 300 feet.

Name of insurance carrier and proof of insurance as required (minimum of one milliondollars \$1,000,000.00)

2

revised: January 31, 2022 Form CE-1320