



**HELICOPTER OPERATIONS PERMIT**

(City Ordinance #319)

DATE: \_\_\_\_\_

NAME OF HELICOPTER OWNER: \_\_\_\_\_

IF CORPORATION, OWNER OR CEO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HELICOPTER TYPE: \_\_\_\_\_

AIRCRAFT REGISTRATION NUMBER: \_\_\_\_\_

PILOTS NAME: \_\_\_\_\_

PILOTS ADDRESS: \_\_\_\_\_

LOCATION OF OPERATIONS: \_\_\_\_\_

OWNER OF PROPERTY WHERE OPERATIONS WILL BE: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_

DATE OF OPERATION: \_\_\_\_\_

TYPE OF OPERATION: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

NAME OF FAA OFFICIAL NOTIFIED OF OPERATION: \_\_\_\_\_

NOTE: A CERTIFICATE OF LIABILITY INSURANCE MUST BE ATTACHED TO THIS APPLICATION

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**APPROVAL**

**THE CITY OF CHESTERFIELD HEREBY GRANTS PERMISSION FOR THE ABOVE DESCRIBED OPERATION. THIS PERMIT IS NOT TRANSFERRABLE NOR DOES IT PLACE ANY LIABILITY ON THE CITY OF CHESTERFIELD FOR THE OPERATION OF THE HELICOPTER.**

**ALL HELICOPTER OPERATIONS COVERED UNDER THIS PERMIT MUST OPERATE WITHIN FEDERAL AVIATION AGENCY REGULATIONS.**

Signed: \_\_\_\_\_  
Chief of Police

Date: \_\_\_\_\_