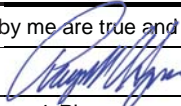


NOTICE FOR CONSTRUCTION, ALTERATION AND DEACTIVATION OF AIRPORTS

A. Airport Owner <input checked="" type="checkbox"/> Check if this is also the Property Owner		B. Airport Manager (Complete if different than the Airport Owner)		
1. Name and Address <input checked="" type="checkbox"/> Check if this is the Airport's Physical Address Maine Medical Center 22 Bramhall Street Portland, ME 04102		1. Name and Address <input type="checkbox"/> Check if this is the Airport's Physical Address HeliExperts 489 Broadway Long Branch, NJ 07740		
2. Phone (732) 870-8883	3. Email ray@heliexp.com	2. Phone (732) 870-8883	3. Email ray@heliexp.com	
C. Purpose of Notification (Answer all questions that apply)		D. Name, Location, Use and Type of Landing Area		
1. Construct or Establish an:	<input type="checkbox"/> Airport <input type="checkbox"/> Ultralight Flightpark <input type="checkbox"/> Balloonport <input checked="" type="checkbox"/> Heliport <input type="checkbox"/> Seaplane Base <input type="checkbox"/> Other	1. Name of Landing Area Maine Medical Center	2. Loc ID (for existing)	
2. Construct, Alter or Realign a:	<input type="checkbox"/> Runway <input checked="" type="checkbox"/> Helipad(s) <input type="checkbox"/> Other <input type="checkbox"/> Taxiway (Public Use Airports only)	3. Associated City and State Portland, ME	4. Distance from City 0 (nm)	
3. Change Status From/To:	<input type="checkbox"/> VFR to IFR <input type="checkbox"/> IFR to VFR <input type="checkbox"/> Private Use to Public Use <input type="checkbox"/> Public Use to Other	5. County (Physical Location) Cumberland	6. Direction from City W	
4. Change Traffic Pattern:	<input type="checkbox"/> Direction _____ <input type="checkbox"/> Altitude _____ <input type="checkbox"/> Other (Describe Below)	7. Latitude 43 ° 39 ' 14.3800 "	8. Longitude 70 ° 16 ' 32.6300 "	
5. Deactivate:	<input type="checkbox"/> Airport <input type="checkbox"/> RWY _____ <input type="checkbox"/> TWY _____	9. Elevation 240	10. Current Use: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Private Use of Public Lands	
6. Description: Establishment of a new Hospital, Private, PPR rooftop heliport at the Maine Medical Center in Portland, Maine		11. Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Military (Branch) _____	12. Airport Type: <input type="checkbox"/> Airport <input type="checkbox"/> Ultralight Flightpark <input type="checkbox"/> Balloonport <input checked="" type="checkbox"/> Heliport <input type="checkbox"/> Seaplane Base <input type="checkbox"/> Other	
E. Landing Area Data (List any Proposed, New or Unregistered Runways, Helipads etc.)				
1. Airport, Seaplane Base or Ultralight Flightpark (use second page if needed)		2. Helipad, Balloonport or other Landing Area (use second page if needed)		
RWY ID	/	Helipad ID	H1	
Lat. & Long.	Show on attachment(s)	Lat. & Long.	Show on attachment(s)	
Surface Type		Surface Type	Concrete	
Length (feet)		TLOF Dimensions	54' Diameter	
Width (feet)		FATO Dimensions	97.2' Diameter	
Lighting (if any)		Lighting (if any)	Perimeter	
Right Traffic (Y/N)	/	Ingress/Egress (Degrees)	085/265, 253/073, 251/071	
Elevation (AMSL)	Show on attachment(s)	Elevation (AMSL)	Show on attachment(s)	
VFR or IFR	/	Elevated Height (AGL)	120	
F. Operational Data (Indicate if the number provided is Actual or Estimated)				
	1. Number of Based Aircraft		2. Average Number of Monthly Landings	
	Present or Estimated	Estimated in 5 Years	Present or Estimated	Estimated in 5 Years
Single Engine	0	0	0	0
Multi Engine	0	0	0	0
Jet	0	0	0	0
Helicopter	0	0	38	63
Glider	0	0	0	0
Military	0	0	0	0
Ultralight	0	0	0	0
3. What is the Most Demanding Aircraft that operates or will operate at the Airport? (Provide approach speed, rotor diameter, etc. if known) Design Helicopter: Coast Guard MH-60 J-Hawk // Rotor Diameter = 53.8' // Overall Length = 64.8' // Max Gross Weight = 22,000 lbs.				
4. Are IFR Procedures for the Airport Anticipated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Within <u>2</u> Years				
G. CERTIFICATION: I hereby certify that all of the above statements made by me are true and complete to the best of my knowledge.				
1. Name, title of person filing this notice (type or print) Raymond A. Syms Authorized Agent		2. Signature (in ink): 		
3. Date 02/08/2018		4. Phone (732) 870-8883		
		5. Email ray@heliexp.com		