



Federal Aviation
Administration
U. S. Department of Transportation

PASSENGER FACILITY CHARGE (PFC) APPLICATION

1. Application Type (Check all that apply)

- a. Impose PFC Charges
- b. Use PFC Revenue
- c. Amend PFC No. _____

FAA USE ONLY

Date Received _____

PFC Number _____

PART I

2. Public Agency Name, Address, and Contact Person

Agency Name Pinellas County

Address 14700 Terminal Blvd, Ste 221

City, State, ZIP Clearwater, FL 33762

Contact Person Yvette Ahle, Deputy Director of Finance and Administration (727) 453-7804

3. Airport(s) to Use

ST. PETE-CLEARWATER INTERNATIONAL AIRPORT (PIE)

4. Consultation Dates

a. Date of Written Notice to Air Carriers: **October 17, 2018**

b. Date of Consultation Meeting with Air Carriers: **November 19, 2018**

c. Date of Public Notice **October 18, 2018**

PART II

5. Charges

a. Airport to Impose	b. Level	c. Total Estimated PFC Revenue by Level	d. Proposed Effective Date:	e. Estimated Expiration Date:
ST. PETE-CLEARWATER INTERNATIONAL AIRPORT (PIE)	<input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00 <input type="checkbox"/> \$3.00	Impose _____ Use _____	September 1, 2023	October 1, 2023
	<input type="checkbox"/> \$4.00 <input checked="" type="checkbox"/> \$4.50	Impose \$750,000 Use \$750,000		

PART III

6. Attachments (Check all that Apply)

Attached	Submitted with Application Number	Document
a. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Airport Capital Improvement Plan
b. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Project Information (Attachment B)
c. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Air Carrier Consultation and Public Notice Information
d. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Request to Exclude Class(es) of Carriers
e. <input type="checkbox"/>	<input type="checkbox"/> _____	Alternative Uses/Projects
f. <input type="checkbox"/>	<input type="checkbox"/> _____	Competition Plan/Update
g. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	ALP/Airspace/Environmental
h. <input type="checkbox"/>	<input type="checkbox"/> _____	Notice of Intent Project Information
i. <input checked="" type="checkbox"/>	<input type="checkbox"/> _____	Additional Information

PART IV

7. With respect to this PFC application I hereby certify as follows:

To the best of my knowledge and belief, all data in this application are true and correct;
This application has been duly authorized by the governing body of the public agency;
The public agency will comply with the assurances (Appendix A to Part 158) if the application is approved;
For those projects for which approval to use PFC revenue is requested, all applicable ALP approvals, airspace determinations, and environmental reviews required by the National Environmental Policy Act have been completed.
If required, the public agency has submitted a competition plan in accordance with 49 U.S.C. 47106(f); and
if required by 49 U.S.C. 40117(d)(4), adequate provision for financing the airside needs, including runways, taxiways, aprons, and gates, has been made by the public agency.

a. Typed Name of Authorized Representative Barry A. Burton	b. Title County Administrator c. Telephone Number (727) 464-3485 d. E-mail Address bburton@pinellascounty.org	e. Fax Number (727) 453-7846
f. Signature of Authorized Representative 		g. Date Signed 7/17/2019

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