

STANLY COUNTY AIRPORT
HANGAR LEASE APPLICATION

Lessee Information

Lessee # 1:

Lessee # 2:

Lessee # 3:

Lessee # 4:

Primary Point of Contact:

Mailing Address:

City:

State:

Zip:

Telephone:

Aircraft Information

Make:

Model:

Year:

of Seats:

N-Number:

Type Space Needed

Turbine Hangar, Tony M Dennis A (Enclosed)

Non-Turbine Hangar, Tony M Dennis B (Enclosed)

Open-T Hangar

Ramp Tie-Down

Lessee will be required to provide a Certificate of Insurance (Stanly County Airport listed as co-insured) and a current copy of the aircraft registration/airworthiness certificate prior to the lease being completed.

I have received and read the Stanly County Airport Aircraft Hangar Leasing Policy.

Applicant Signature: _____ Date: _____

FOR AIRPORT USE ONLY:

Application Received: Date Time By/Initials

N-Number Verified: Yes No By/Initials

1. Applicant offered Space # _____ on _____ Declined _____ Accepted _____ No Response _____
3. Applicant offered Space # _____ on _____ Declined _____ Accepted _____ No Response _____
3. Applicant offered Space # _____ on _____ Declined _____ Accepted _____ No Response _____