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*Note: These Forms were correct as of the publication date of this handbook. Tenant should verify form is still current before using.*

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## **AVIATION DEPARTMENT**

**CITY OF PHOENIX**

[www.phxskyharbor.com](http://www.phxskyharbor.com)

Airport Emergency Number:	602-273-3311	Communications Center:	602-273-3302
Police		Parking Operations Superintendent:	602-273-2795
Fire		Business & Properties:	602-273-3346
Rescue		Environmental:	602-273-2730
T. I. Coordinator:	602-683-2635	Technology	602-273-8882
Airside Operations (Oscar 30):	602-273-2008	Planning & Development:	602-273-3339
Airside Safety Coordinator (Oscar 31):	602-273-3302	Facilities & Services	602-683-2680
Landside Operations (Oscar 20):	602-273-3326	Signage	602-273-8877
Aviation Security	602-273-3301	Pardon Our Dust	602-468-0046
Administrative Services:		Community & Economic Development	602-495-5250
Airfield Drivers ID:	602-273-2036	Phoenix Deer Valley Airport	623-869-0975
Security Badging:	602-273-2036	Phoenix Goodyear Airport	623-932-1200
Terminal Services/Custodial:			
Terminal 2 Supervisor:	602-273-3436		
Terminal 3 Supervisor:	602-273-3435		
Terminal 4 Supervisor:	602-273-8814		

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## **DEVELOPMENT SERVICES DEPARTMENT**

**CITY OF PHOENIX**

Development Services:	602-262-7811
Annual Facilities Program:	602-256-4376
Fire Prevention Division:	602-262-6771

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## **COMMUNITY DEVELOPMENT DEPARTMENT**

**CITY OF GOODYEAR**

Building Safety Division:	623-932-3494
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**F A A**

**Western Pacific Regional Office- HI, CA, NV, AZ, GU**

Western-Pacific Regional Office  
Air Traffic Division, AWP-530  
15000 Aviation Boulevard  
Hawthorne, CA 90260

*Mailing Address:*  
AWP-530  
P.O. Box 92007  
World Way Postal Center  
Los Angeles, CA 90009

*Ph:* (310) 725-6530

*website:*  
[www.faa.gov](http://www.faa.gov)

# Tenant Improvement Submittal Data Sheet

This data sheet is to be filled out by the Tenant for each proposed tenant development / improvement project. Accompanying this data sheet shall be seven sets of plans and specifications of the proposed improvement.

The Tenant Improvement Handbook has been prepared to assist in understanding and responding to the requirements of your lease and the Aviation Tenant Review Process. This handbook is available at [www.phxskyharbor.com](http://www.phxskyharbor.com).

*\*If this project will impact the fire alarm system and/or security access control, contact Honeywell at (602) 861-4482 PRIOR to submittal.\**

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

TENANT: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

24-HOUR TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_

PROJECT BUDGET/VALUATION: \$ \_\_\_\_\_

ARCHITECT/ENGINEER NAME/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

24-HOUR TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GENERAL CONTRACTOR NAME/ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

BUSINESS LICENSE # \_\_\_\_\_ STATE TAX # \_\_\_\_\_ STATE LICENSE# ROC \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

24-HOUR TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROPOSED DATE FOR START OF CONSTRUCTION: \_\_\_\_\_

CONSTRUCTION DURATION: \_\_\_\_\_

**IN ORDER TO EXPEDITE THE PROCESS, IF YOU HAVE TELECOMMUNICATION OR DATA COMMUNICATION NEEDS, PLEASE ADDRESS ANY OF THE FOLLOWING ITEMS THAT PERTAIN TO YOUR TENANT IMPROVEMENT PROJECT:**

### ITEMS NEEDED FROM TECHNOLOGY DIVISION FOR TI PROCESS

- ◆ **Did you go through the Tenant Improvement Process?**
- ◆ **What telecom/IDF closet do you need to access? What is the door number/location?**
- ◆ **How exactly are you going to run your communications cabling from your area to the nearest telecom/IDF closet? Will you be installing cable trays/conduit or using existing? If you are using existing, who owns the existing equipment and did you get permission to use it?**
- ◆ **What exact type of cabling are you using? CAT3, CAT5, CAT5e, CAT6, Single mode, Multimode, etc.**
- ◆ **How are you going to get Qwest to extend your connection from the demarc to your area? We can offer assistance if you give us 24-hour advance notice.**
- ◆ **Will there be any exposed cabling after your installation?**

**Where applicable, the following items will need to be resolved and/or supplied *PRIOR* to the issuance of your Aviation jobsite permit:**

- Payment and Performance Bond
- Asbestos Notification Forms
- Written Response to Conditional Approval Letter Stipulations
- Stamped AFPs
- Emergency Phone Numbers (contractor to submit written list)
- Work Hours and Construction Schedule (contractor to submit written schedule)
- Proper Badging/Escorts Arranged
- Airfield Driver License and Insurance
- Tool Cards
- Staging Areas
- Storage Sites
- Parking
- Floor Penetrations
- Fire Alarm Pull Stations
- Power requirements
- Telecommunications/data communications requirements
- Leasehold Requirements (confirmation of leasehold area by survey according to stipulations)



# City of Phoenix

**To:** Joe Evans  
Aviation Department  
Facility Refrigerant Manager

**Date:**

**From:**

**Subject:** Technician & Recovery Unit Certification

The following Technicians will be working with refrigerants contained in City owned appliances beginning \_\_\_\_\_.

Name	Certification Level	Certification Number	Certified By

Copies of their Refrigerant Recovery and Handling Certifications are attached to this document. These Technicians will be using the following refrigerant recovery equipment:

Manufacturer	Model Number	Serial Number	Date of Manufacture

I understand all refrigerant is to be recovered to current EPA approved levels prior to the appliance being removed from the Airport. I will turn in an Appliance Disposal Report for each appliance removed and an equipment input form for each appliance installed.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

## **INPUT NEEDED BY REFRIGERANT MANAGER**

- Any buildings being purchased by the city with equipment containing refrigerant. (*Jim Kudlinski, from Environmental, has already included in phase one surveys, an inventory of all refrigerant-containing appliances on buildings being considered for purchase by the City.*)
- Any buildings being sold or demolished by the city with equipment containing refrigerant.
- Any city owned equipment containing refrigerant being removed, replaced or installed.
- Any equipment containing refrigerant, changing ownership to or from the city as a result of tenant contract changes.
- The amount of refrigerant recovered from city owned equipment by contractors.
- The amount of refrigerant added to any city owned equipment by contractors, including new installations and replacements.
- Copies of Refrigerant Recovery Certifications of all contractor technicians working on city owned equipment.

*Notification of building or appliance ownership changes can be made by e-mail or interoffice mail, as long as I have documentation for my files.*

# APPLIANCE INPUT REPORT

Installation Date: _____	Company Name: _____
Technician Name: _____	Refrigerant Type: _____
Certification Number: _____	Lubricant: _____
Appliance Type: _____	Volts/Phase/Hertz:    /    /
Appliance Location: _____	Manufacturer's Charge: _____
Manufacturer: _____	Circuit #1 _____
Model Number: _____	Circuit #2 _____
Serial Number: _____	Additional Charge: _____
Capacity:      Tons      Btu/h	Circuit #1 _____
	Circuit #2 _____
	Total Start-up Charge: _____
	Circuit #1 _____
	Circuit #2 _____

Installation Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information listed above is correct to the best of my knowledge, and that any additional refrigerant added to the appliance was either virgin or reclaimed to at least the purity specified in the ARI Standard 700-1993.

Signed: \_\_\_\_\_

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

# APPLIANCE DISPOSAL REPORT

Disposal Date: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Technician Name: \_\_\_\_\_ Refrigerant Type: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Lubricant: \_\_\_\_\_  
Appliance Name: \_\_\_\_\_ Volts/Phase/Hertz: \_\_\_\_\_ / /  
Appliance Location: \_\_\_\_\_ Recovery Equip. No.: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Pressure after recovery: \_\_\_\_\_ psi \_\_\_\_\_ "hg  
Model Number: \_\_\_\_\_ Refrigerant Recovered: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Circuit #1 \_\_\_\_\_ lbs. \_\_\_\_\_ Oz.  
Capacity: \_\_\_\_\_ Tons \_\_\_\_\_ Btu/h \_\_\_\_\_ Circuit#2 \_\_\_\_\_ lbs. \_\_\_\_\_ Oz.

Cylinder Used: \_\_\_\_\_

Disposal Destination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the recovery equipment was properly used and that the refrigerant was recovered to the EPA's required levels.

Signed: \_\_\_\_\_

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

**TENANT ASBESTOS NOTIFICATION AND ACKNOWLEDGMENT**

The Tenant hereby acknowledges that the City of Phoenix has notified Tenant, in accordance with the Occupational Safety and Health Administration Asbestos Rule (1995) 59 Fed. Reg. 40968, 29 C.F.R. 1910, 1001, 1926, 1101 (OSHA Asbestos Rule), of the presence of Asbestos Containing Material (ACMs) or Presumed Asbestos Containing Material (PACMs) as such term is defined in the OSHA Asbestos Rule in the worksite as follows:

- A. Pursuant to Building Inspection Survey. Such notification by the City of Phoenix is made pursuant to the building inspection survey issued (insert date) and such survey has been received by the Tenant.
  
- B. Tenant Acknowledgement. Tenant fully understands, after consulting with its legal counsel that the purpose of this notification is to make Tenant, its agents, employees, and contractors aware of the presence of ACMs and/or PACMs in the facility in order to avoid or minimize any damage to or disturbance of such ACMs and/or PACMs.
  
- C. Architect/Engineer Acknowledgement. Tenant shall deliver to the City of Phoenix upon submittal of final plans, a fully executed acknowledgement from the Architect/Engineer (A/E) that this notification has been delivered, reviewed, and complied with by said A/E in the preparation of any final construction plans which plans shall incorporate notice to all prospective contracting bidders of the presence of ACMs and/or PACMs in the worksite. The fully executed acknowledgment from the A/E is in a form satisfactory to the City of Phoenix.
  
- D. Contractor Acknowledgement. Tenant shall also deliver to the City of Phoenix at the pre-construction meeting a fully executed acknowledgment from the general contractor and all subcontractors that they have received notification of the presence of any ACMs and/or PACMs at the worksite.

Project:

\_\_\_\_\_

\_\_\_\_\_  
Tenant

By: \_\_\_\_\_

Its: \_\_\_\_\_

Dated: \_\_\_\_\_

**ARCHITECT/ENGINEER ASBESTOS ACKNOWLEDGMENT**

- A. The Architect/Engineer identified below has been duly informed of the presence, or possible presence, of Asbestos Containing Material (ACMs) or Presumed Asbestos Containing Material (PACMs) as such terms are defined in the Occupational Safety and Health Administration Asbestos Rule, 59 Fed. Reg. 40964, 29 C.F.R. 190.1001, 1926.1101 for the Project identified below.
  
- B. We have clearly identified for this Project those areas where ACMs or PACMs will, or may be, present in such a manner that all prospective contractors bidding or otherwise working on this Project have been provided reasonable notification of the presence of ACMs or PACMs.

Project:

\_\_\_\_\_

\_\_\_\_\_  
Architect/Engineer

By: \_\_\_\_\_

Its: \_\_\_\_\_

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

**CONTRACTOR(S) ASBESTOS ACKNOWLEDGMENT**

- A. The Contractor(s) identified below have been notified in accordance with the Occupational Safety and Health Administration Asbestos Rule (1995) 59 Fed. Reg. 40968, 29 C.F.R. 1910, 1001, 1926, 1101 (OSHA Asbestos Rule), of the presence of Asbestos Containing Material (ACMs), or Presumed Asbestos Containing Material (PACMs) for the Project identified below.
  
- B. The Contractor(s) further acknowledges and hereby certifies that it has provided notice of the presence of ACMs or PACMs to all employees, independent contractors or “leased” employees authorized by the Contractor(s) to be in the worksite for the Project identified below.

Project:

\_\_\_\_\_

Contractor:

By: \_\_\_\_\_

Its: \_\_\_\_\_

(list general and all sub-contractors)



CO. NAME \_\_\_\_\_

CO. # \_\_\_\_\_

**City of Phoenix**  
AVIATION DEPARTMENT

**PHOENIX SKY HARBOR INTERNATIONAL AIRPORT  
FINGERPRINT CRIMINAL HISTORY RECORDS CHECK APPLICATION**

Applicant's Full Name (Printed) Last Name: \_\_\_\_\_

Middle Name(s) in full: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WITHIN THE PAST TEN YEARS, HAVE YOU BEEN CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY INVOLVING ANY OF THE FOLLOWING OFFENSES?

**DISQUALIFYING CRIMES**

**YES NO**

- |  |       |       |
|--|-------|-------|
| 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations: 49 USC 46306  | _____ | _____ |
| 2. Interference with air navigation; 49 USC 46308  | _____ | _____ |
| 3. Improper transportation of a hazardous material; 49 USC 46312   | _____ | _____ |
| 4. Aircraft Piracy; 49 USC 46502   | _____ | _____ |
| 5. Interference with flight crew members or flight attendants; 49 USC 46504  | _____ | _____ |
| 6. Commission of certain crimes aboard aircraft in flight; 49 USC 46506  | _____ | _____ |
| 7. Carrying a weapon or explosive aboard an aircraft; 49 USC 46505   | _____ | _____ |
| 8. Conveying false information and threats; 49 USC 46507   | _____ | _____ |
| 9. Aircraft Piracy outside the special aircraft jurisdiction of the United States; 49 USC 46502  | _____ | _____ |
| 10. Lighting violations involving transporting controlled substances; 49 USC 46315   | _____ | _____ |
| 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 USC 46314 | _____ | _____ |
| 12. Destruction of an aircraft or aircraft facility; 18 USC 32   | _____ | _____ |
| 13. Murder   | _____ | _____ |
| 14. Assault with intent to murder;   | _____ | _____ |
| 15. Espionage  | _____ | _____ |
| 16. Sedition   | _____ | _____ |
| 17. Kidnapping or hostage taking;  | _____ | _____ |
| 18. Treason  | _____ | _____ |
| 19. Rape or aggravated sexual abuse  | _____ | _____ |
| 20. Unlawful possession, use, sale, distribution, or manufacturer of an explosive or weapon;   | _____ | _____ |
| 21. Extortion  | _____ | _____ |
| 22. Armed Robbery or Felony Unarmed Robbery;   | _____ | _____ |
| 23. Distribution of, or intent to distribute, a controlled substance;  | _____ | _____ |

## Page 2—Fingerprint Criminal History Check Application

### DISQUALIFYING CRIMES (continued)

	YES	NO
24. Felony Arson;	_____	_____
25. Felony involving a threat;	_____	_____
26. Felony involving willful destruction of property;	_____	_____
27. Felony involving importation or manufacture of a controlled substance;	_____	_____
28. Felony involving burglary;	_____	_____
29. Felony involving theft;	_____	_____
30. Felony involving dishonesty, fraud or misrepresentation;	_____	_____
31. Felony involving possession or distribution of stolen property;	_____	_____
32. Felony involving aggravated assault;	_____	_____
33. Felony involving bribery;	_____	_____
34. Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year;	_____	_____
35. Violence at International airports;	_____	_____
36. Conspiracy to attempt to commit any of the aforementioned criminal acts.	_____	_____

I understand that if I am convicted of any of the above disqualifying crimes after I receive a Phoenix Sky Harbor International Airport Photo ID, that **I must report this conviction and surrender the ID badge within 24 hours to:**

**City of Phoenix Aviation Department,  
Operations Center—Security Badging Office  
3300 Sky Harbor Boulevard  
Phoenix AZ 85034  
1-602-273-2036**

**The information I have provided on this Fingerprint Criminal History Check Application is true, complete and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by a fine or imprisonment or both.  
(See section 1001 of Title 18, USC)**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

