



City of Rapid City  
4550 Terminal Road, Suite 102  
Rapid City, South Dakota 57703  
(605) 394-4195

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# General Aviation Variance or Exemption Request

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City of Rapid City

*Rapid City Regional Airport*



**GENERAL AVIATION VARIANCE OR EXEMPTION REQUEST**

**Legal Name of Operator:** \_\_\_\_\_

**On-Airport Address:** \_\_\_\_\_

**Type of Request:** \_\_\_\_\_ Variance \_\_\_\_\_ Exemption

**Describe Proposed Variance/Exemption & Reason for Request** *(attached additional sheet if needed):*

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

**State Provision for Which Variance/Exemption is Requested:**

\_\_\_\_\_ General Provisions \_\_\_\_\_ Minimum Standards \_\_\_\_\_ Rules & Regulations

\_\_\_\_\_ Section Number \_\_\_\_\_ Section Title

**Identify Anticipated Impact on the Airport and/or Other Airport Entities:**

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

**Time Period of Variance/Exemption Requested:** \_\_\_\_\_

**Indemnification:** The Operator shall indemnify the Board for any variance or exemption pursuant to the Airport’s General Aviation Primary Guiding Documents.

Operator (sign and print name)	Title	Date

**\*\*\* Board Administration Use Only \*\*\***

**Circle One:** Variance Exemption **Check One:** \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
Date Approved or Denied

\_\_\_\_\_  
Expiration Date

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

City of Rapid City (sign and print name)	Title	Date