



APPLICATION FOR UNDERGROUND/AERIAL WIRELINE OCCUPANCY

APPLICANT MUST ANSWER ALL APPLICABLE QUESTIONS AND RETURN THIS FORM TO:

HNTB Corporation

HNTB North Carolina, P.C.
 121 West Trade Street, Suite 2050
 Charlotte, North Carolina 28202
 Attn: Manager, NCRR Pipes and Wires
 Occupancy Agreement Process

Phone: (704) 372-8020
 Fax: (704) 372-7097

For NCRR / HNTB use only
 File No. _____
 NCRR ID #: _____

Plans for proposed installations are to be submitted to, and shall meet the approval of, North Carolina Railroad Company before construction is begun. Materials and installation are to be in strict accordance with specifications of the American Railway Engineering and Maintenance-of-Way Association (AREMA), North Carolina Railroad Company, and Norfolk Southern Corporation and/or CSX Transportation as appropriate. The information submitted with this application and the required number of copies shall be per the Pipeline and Underground/Aerial Wireline Occupancy Application Instructions (NCRR Form 230) and Underground/Aerial Wireline Occupancy Applicant's Checklist (NCRR Form 240).

Applicant/Project Owner Information

1. Legal Name of Applicant (party to agreement): _____
2. Street Address of Applicant: _____
 City _____ State _____ Zip _____
3. Mailing Address of Applicant (if different):
 Street _____
 P.O. Box _____
 City _____ State _____ Zip _____
4. Name of Applicant's Representative: _____
 Title: _____
 Telephone Number: (____) ____ - _____ Ext. _____ Email: _____
 Fax Number: (____) ____ - _____ Email: _____
5. Billing Address: Street _____
 City _____ State _____ Zip _____
6. Name of Contact for Billing Purposes: _____
 Title: _____
 Telephone Number: (____) ____ - _____ Ext. _____ Email: _____
7. Billing: Applicant prefers () yearly () one time non-assignable payment.
8. Applicant is a: [] Corporation - State of formation: ____; [] Limited Partnership - state of formation: ____; [] General Partnership - state of formation: ____
 [] Sole Proprietorship - Give name of owner: _____
 [] Individual [] Government Entity
 [] Other: _____

Applicant's Engineer/Consultant Information

9. Company Name: _____
10. Contact Person Name: _____ Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Applicant's Engineer/Consultant Information (Cont.)

Telephone Number: (____) ____ - _____ Ext. _____

Fax Number: (____) ____ - _____ Email: _____

Project Information

11. Installation is: New Revision to existing Attachment to existing
 Upgrade to existing.

Are there any agreements covering the wire line? Yes No Do not know

If yes, identify and attach copies: _____

12. Location of Installation:

Nearest Street _____ Nearest Town _____

County _____ State _____

Railroad Milepost Reference: _____ Feet N E S W of Milepost _____

(Circle one)

Latitude: _____ Longitude: _____

13. Will installation be located entirely within the confines of a public street?

Yes No

If yes, provide conclusive evidence for verification and show road name, number and width on drawing.

Street width: _____ Feet Street Right-of-Way width: _____ Feet

DOT/AAR Crossing No. _____

Valuation Station of Crossing if Known: _____ Val. Map No. _____

Road Authority Responsible for Street Maintenance

Name: _____

Address: _____

Contact Person: _____ Telephone No. (____) ____ - _____

14. Type of Installation: Cable TV Telephone Electric Power Fiber Optic

Communications Other(Specify): _____

15. Installation is: Trunk Distribution Transmission Other

16. Conductors: Number: _____

Material: copper aluminum fiber optic, fiber count _____

AWG Gauge: _____

17. AC / DC: Voltage: _____ No. of Phases: _____ Amperes: _____ Hertz: _____

18. Maximum voltage: _____ Maximum Current: _____

19. Maximum fault to ground current: _____

20. Is this a Crossing Parallelism Both?

21. For a Crossing: Number of tracks to be crossed: _____ Angle of Crossing: _____

Total crossing on Railroad Right of Way: _____ Feet

22. For a Parallelism: Begin at _____ feet N E S W of RR Milepost _____

(Circle one)

End at _____ feet N E S W of RR Milepost _____

(Circle one)

Total length on NCRR right of way: _____

Length Parallel: _____ Length crossing: _____

23. Will the installation connect to an existing facility within the NCRR right-of-way?

Yes No If yes, identify owner: _____

24. Type and quantity of facilities to be installed on NCRR right-of-way: Manholes

Handholes Pull Boxes Other(Identify) _____

Distance from nearest track: _____ Feet

Show locations and dimensions on the drawings.

25. Number of new poles to be installed on NCRR right-of-way: _____

26. Number of existing poles to be utilized on NCRR Right-of-way: _____

27. Distance from butt of pole to nearest rail of track: _____ feet

28. Identify each intended user of the installation: _____

29. Name of contractor: _____

30. Proposed installation date: _____

31. Define any special specifications of the installation: _____

