



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 (NCR). Applicant shall enter into an occupancy agreement with NCRR before any construction activities commence on-site. 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 the Operating Railroads (Norfolk Southern Corporation and/or CSX Transportation as appropriate). The information submitted with this signed 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). The engineering and application fees to be submitted with this application are as stated in the 2010 engineering fee schedule (HN-02).

Applicant/Project Owner Information

- 1. Legal Name of Applicant (party to agreement):
2. Street Address of Applicant:
3. Mailing Address of Applicant (if different):
4. Name of Applicant's Representative:
5. Billing Address:
6. Name of Contact for Billing Purposes:
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: _____

Underground Facilities

- 32. Total buried length on NCRR right-of-way: _____
- 33. Total Number of Conduits: _____ Number empty: _____ Number filled: _____
- 34. Number of cables or lines in each conduit: _____
- 35. Number of conductors in each cable or line: _____
- 36. Encasement Material: _____ Outside diameter: _____ Wall thickness: _____
- 37. Bury depth:
 - From base of rail to top of casing: _____ feet
 - Minimum depth on right-of-way but not beneath tracks: _____ feet
 - Below ditches: _____ feet

Aerial Facilities

- 38. Total aerial length on NCRR right-of-way: _____ feet
- 39. Number of cables or wires: _____
- 40. Number of pole lines crossed: _____
- 41. Type of wire supports: _____ Size: _____ False dead ends: _____
- 42. Height of wires above top of rail at 60°F: _____ Feet
- 43. Sag in Spans at 60°F: _____ Feet
- 44. Height of wires above Railroad communication and signal wires at 60°F: _____ Feet
- 45. Horizontal distance from railroad communication and signal wires: _____ Feet
- 46. Height of wire supports above ground: _____ Feet

Fiber Optic Facilities

- 47. Number of fibers per cable: _____
- 48. Identify each intended user of the conduit/cable: _____

If the application is approved, the Applicant agrees to reimburse the North Carolina Railroad and the Operating Railroads for any cost incurred by the North Carolina Railroad and the Operating Railroads incident to installation, maintenance, and/or supervision necessitated by this installation, and further agrees to assume all liability for accidents or injuries which arise as a result of this installation.

(Date) (Signature and Title of Officer Signing Application)

Please Type or Print: _____ (_____) _____
Name Title Telephone Number