

# Request for Rights-of-Way Program Certification

## SITE INFORMATION

Address of the Site: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has the site been authorized by the person with legal authority to contract for the extension of utility service to the site?  
 Attach a letter from the owner of the site.  Yes  No

Please attach a characterization letter from a licensed engineering firm registered in Virginia for the site that is classified as, at least, a Tier 3 site under VEDP’s Virginia Business Ready Sites Program; **OR**

Attach the following:

- a. A letter from the locality stating that the site is compliant with applicable zoning requirements and is consistent with the locality’s comprehensive plan; and
- b. Copies of completed environmental surveys and reviews applicable to the site, such as a wetlands survey, geotechnical borings, a topographical survey, a cultural resources review, an endangered species review, and a Phase 1 Environmental assessment, if required; and
- c. An estimate of the costs of the development of the site to Tier 4 standards developed by a licensed engineering firm registered in Virginia.

Please briefly explain how the acquisition of the utility rights-of-way for the site will further the creation of new jobs and capital investment by facilitating the location of significant economic development projects in the Commonwealth.

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

## TO BE CERTIFIED BY AN OFFICER OF THE PARTICIPATING LOCALITY

I certify that I have examined this application, including its attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Participating Locality: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
 Signature of Official

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

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

## UTILITY INFORMATION

Name of the Utility Provider that Serves the Site: \_\_\_\_\_

Primary Address of the Utility: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Primary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## TO BE CERTIFIED BY AN OFFICER OF THE UTILITY

I certify that I have examined this application, including its attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Utility: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
Signature of Official

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

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