

Request for Rights-of-Way Program Certification

SITE INFORMATION

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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. \Box Yes \Box 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.

In a separate attachment, please provide a detailed response to each of the following questions:

- 1. What industries are targeted for the site?
- 2. What are the estimated jobs and capital investments based on those targeted industries?
- 3. Is there a marketing plan for the site?
- 4. How will the acquisition of the rights-of-way advance the Commonwealth's available infrastructure?
- 5. How will the acquisition of the rights-of-way improve the readiness of this site?
- 6. Has this site previously been considered by projects? Please list projects previously eliminated due to utility infrastructure (e.g., electric, gas, etc.).

The locality affirms that they have been in communication with the utility(s) about the potential acquisition of the rights-of-way to the site. Attach a letter from the utility acknowledging the application (see Acknowledgment of Application Template). \Box Yes \Box No

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.

Particip	ating Locality:			
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Submitt	ed By:			
	Signature of Official			
Name: _				
F	Print Name			

Date: _