**REQUEST FOR R/W COST ESTIMATE** / **RELOCATION EIS**

|  |  |  |  |
| --- | --- | --- | --- |
| COST ESTIMATE REQUEST: | | RELOCATION EIS REPORT: | |
| Cost Estimate and Relocation EIS Coordinator:Tracey Jackson ([ext-tcjackson@ncdot.gov](mailto:ext-tcjackson@ncdot.gov)) | | | |
| NEW REQUEST: | UPDATE REQUEST: | | REVISION REQUEST |
|  | **Update to** DATE **Estimate** | | **Revision to** DATE **Estimate**  **Revision No.:** |

|  |  |
| --- | --- |
| TIP Number: | **Request Date:** |
| WBS Number: 34263.1.1 | **Due Date:** |
| County: | **# of Alternatives:** |
| Division: | **# of Parcels:** |

PROJECT DESCRIPTION: US 29 from Old Redbud Road to Westover Street

Type of Plans: HEARING MAPS I LOCATION MAP I AERIAL I VICINITY I PRELIMINARY I CONCEPTUALI

\_\_\_\_% Plans

Feasibility Studies Unit

REQUESTOR: PHONE NUMBER:

DEPARTMENT

E-MAIL:

Alternate 1:

*Description:* \_\_\_\_\_\_\_\_\_\_\_

**Type of Access Control:** NONE:  I LIM ITED:  I PARTIAL:  I FU LL:  I

Special Instructions: \_\_\_

Alternate 2:

*Description: \_\_\_\_\_\_\_\_\_*

**Type of Access Control:** NONE:  I LIM ITED:  I PARTIAL:  I FU LL:  I

Special Instructions: \_\_\_

Parcel Breakdown:

Parcel Number I ROW Requirements (acreage) I Easement Area (acreage)

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