

Appendix B

ROAD PAVING INFORMATION FORM Please Print or Type All Information on This Form

A. APPLICANT INFORMATION		
Organization/Company Name:		
Contact name:		
Street/mailling address:		
City:	State:	Zip code:
Phone:	Email:	

B. ROAD PAVING INFORMATION		
1. Road paving location (City, Street, etc.[please attach map]):		
2. Length of road to be paved (feet):	3. Width of road to be paved (feet):	
4. Traffic volume (One-Way trips per day):	5. Average vehicle weight of traffic (tons):	
6. Average traffic speed (mph):	7. Number of houses roadway serves:	
8. Total project cost:	9. Funds requested (minimum 10% match required):	
10. Expected Control Efficiency (Check One Box): <input type="checkbox"/> Road paving 95% efficiency <input type="checkbox"/> Dust palliatives 85% efficiency <input type="checkbox"/> Other (control efficiency) _____% State technology:	11. Project Life (Check One Box): <input type="checkbox"/> Road paving 10 years <input type="checkbox"/> Long-term Dust palliatives: 1 year 2 years <input type="checkbox"/> Other (proposed project life): _____ years State technology:	
County issued easement/property map included: Yes No	Is detailed maintenance plan included: Yes No	
Written consent from landowners included: Yes No	I agree to hire a licensed, bonded, & insured Contractor to perform all contracted work: Yes No	
12. Other important information:		

***Road Paving: Include maps, diagrams, and photos that illustrate segment of road(s) to be paved**

***Vehicle Replacement: Include MVERP Emission Reduction/Cost-Effectiveness Form from website (see IV.B. pg 8)**