

Eagle County Engineering
P.O.Box 850, 500 Broadway
Eagle, CO 81631
Phone: (970) 328-3560
Fax: (970) 328-8789

**EAGLE COUNTY
PEDESTRIAN IMPROVEMENT APPLICATION**



APPLICANT INFORMATION

| | | |
|---------------------|-----|--------|
| ORGANIZATION NAME | | DATE |
| PROJECT LOCATION | | |
| CONTACT PERSON NAME | | TITLE |
| PHONE | FAX | E-MAIL |

PROJECT INFORMATION

| | | |
|--------------|--|-----------------------------------|
| PROJECT NAME | | |
| 1 | TYPE OF PROJECT (CHECK ALL THAT APPLY. IF INTERSECTION OR PEDESTRIAN IMPROVEMENT, OR OTHER, DESCRIBE) <input type="checkbox"/> Sidewalks <input type="checkbox"/> Bike Lane <input type="checkbox"/> Shoulder Widen <input type="checkbox"/> Streetscape <input type="checkbox"/> Pedestrian Crossing Improvement <input type="checkbox"/> Other/describe: | |
| 2 | NAME OF STREET, ROAD, OR HIGHWAY ON WHICH PROJECT IS LOCATED. Right of Way*: <input type="checkbox"/> County <input type="checkbox"/> State CROSS STREET OR OTHER REFERENCE POINT (BEGIN/END IF APPLICABLE): | |
| | LENGTH (FT.) | SIDE OF STREET (BOTH, N, S, E, W) |
| 3 | a. Estimated Project cost (Total all phases including engineering & match) \$ b. Cost share (match amount you seek) \$ c. Other funding (describe) \$ | |
| 4 | Schedule: describe - [Construction to be phased? <input type="checkbox"/> Yes <input type="checkbox"/> N/A. If so, provide phase details on back of form] | |
| 5 | Briefly describe the problem and the proposed solution. Describe the need, current conditions and how the project would improve the situation. How will the project fill gaps or provide connectivity to other facilities. | |
| 6 | Does this proposed facility provide a link to transit facilities or community amenities? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DESCRIBE | |
| 7 | Are retaining walls or other structures required? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DESCRIBE | |
| | A retaining wall over 4 feet in height (bottom of footer to top of wall) will require a separate building permit. | |
| 8 | Attachments: vicinity map, preliminary layout/design, projected cost estimate, optional exhibits, descriptions, or ancillary information. A final design (2 copies) may be reafter preliminary review and application acceptance. | |

* Agreement(s) necessary upon approval to establish the duties and responsibilities of parties, rights of use, indemnification, and maintenance obligations.

CONSTRUCTION PHASING

PHASE ONE

| | | | |
|---|---|--|--|
| 1 | TYPE OF PROJECT (CHECK ALL THAT APPLY. IF INTERSECTION OR PEDESTRIAN IMPROVEMENT, OR OTHER, DESCRIBE) | | |
| | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Bike Lane | <input type="checkbox"/> Shoulder Widen |
| | <input type="checkbox"/> Pedestrian Crossing Improvement | <input type="checkbox"/> Other/describe: | <input type="checkbox"/> Streetscape |
| 2 | NAME OF STREET, ROAD, OR HIGHWAY ON WHICH PROJECT IS LOCATED. | | Right of Way: <input type="checkbox"/> County <input type="checkbox"/> State |
| | CROSS STREET OR OTHER REFERENCE POINT (BEGIN/END IF APPLICABLE) | LENGTH (FT.) | SIDE OF STREET (BOTH, N, S, E, W) |
| 3 | a. Estimated cost this phase (Total including engineering & match) | | \$ |
| | b. Cost share (match amount you seek) | | \$ |
| | c. Other funding (describe) | | \$ |
| 4 | Schedule: describe - | | |

PHASE TWO

| | | | |
|---|---|--|--|
| 1 | TYPE OF PROJECT (CHECK ALL THAT APPLY. IF INTERSECTION OR PEDESTRIAN IMPROVEMENT, OR OTHER, DESCRIBE) | | |
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| | <input type="checkbox"/> Pedestrian Crossing Improvement | <input type="checkbox"/> Other/describe: | <input type="checkbox"/> Streetscape |
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| 3 | a. Estimated cost this phase (Total including engineering & match) | | \$ |
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| | c. Other funding (describe) | | \$ |
| 4 | Schedule: describe - | | |

PHASE THREE

| | | | |
|---|---|--|--|
| 1 | TYPE OF PROJECT (CHECK ALL THAT APPLY. IF INTERSECTION OR PEDESTRIAN IMPROVEMENT, OR OTHER, DESCRIBE) | | |
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| | <input type="checkbox"/> Pedestrian Crossing Improvement | <input type="checkbox"/> Other/describe: | <input type="checkbox"/> Streetscape |
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| | CROSS STREET OR OTHER REFERENCE POINT (BEGIN/END IF APPLICABLE) | LENGTH (FT.) | SIDE OF STREET (BOTH, N, S, E, W) |
| 3 | a. Estimated cost this phase (Total including engineering & match) | | \$ |
| | b. Cost share (match amount you seek) | | \$ |
| | c. Other funding (describe) | | \$ |
| 4 | Schedule: describe - | | |

| | | | | |
|-----------------|--|------------------------------|----------------------|------------------------------|
| Engineer Review | PEDESTRIAN FACILITIES CONSTRUCTED IN COUNTY R.O.W REQUIRE AN EASEMENT AGREEMENT. * | <input type="checkbox"/> N/A | AGREEMENT SIGNED | <input type="checkbox"/> Yes |
| | ANY PORTION IN STATE RIGHT OF WAY REQUIRES A CDOT 'UTILITY / SPECIAL USE PERMIT'. | <input type="checkbox"/> N/A | CDOT PERMIT APPROVED | <input type="checkbox"/> Yes |

Utility Locates are required at time of construction 1-800-922-1

Applicant's Authorized Signature

Title

Date

Engineer

Review

Date