

**Maine Department of Transportation
Utility Location Permit Application**

Utility Job/W.O. No.
LC900-02

14 Day Permit by Rule (PBR) 30 Day Permit by Rule (PBR) Statutory Application MaineDOT Project

Applicant Information: Date: 8/19/09
 Utility Name: LINCOLNVILLE COMMUNICATIONS PBR #:: _____
 Joint Utility: _____ Joint PBR #:: _____

Primary Contact Information:
 Name: SAM HAFFORD Phone: 2075639972 Cell: 207380994
 Address: 133 BACK MEADOW RD Email: _____
 Town: NOBLEBORO State: ME. ZIP 04555

Proposed Installation: **Please attach a Location Map and Sketch Plan**
 Town: EDGECOMB MaineDOT PIN (if applicable): _____
 Type of Installation Proposed: BURIED FIBER OPTIC CABLE
 Minimum Depth of Cover: 3' (if applicable) Maximum PSI: _____
 GPS Coordinates: **Decimal Degrees**


	Latitude (ex: 44.3074199)	Longitude (ex: -69.7775613)
Starting Point:	43 56 42N	69 36 14W
Ending Point:	43 56 39N	69 35 56W

Comments: _____

Location Description:
 On MCKAY RD SA7, beginning at a point approximately 80'
Route #, I.R. # or Name shown on Location Map Distance (including units - feet, meters)
WESTERLY of RIVER RD SA 2 and extending in a
Direction (North, South, etc...) Ref. Point (Intersection of major road, Route Number, Town Line, Bridge)
WESTERLY direction for a distance of 1230'
Direction (i.e. Northerly, Southerly, Easterly or Westerly) Distance (including units - i.e. feet, meters, etc...)
Expected Construction Schedule: Start: 9/21/09 Completion: 10/31/09

Do you intend to provide public notice?* Yes No: ** Reference Public Notice Supplement*
 Date Published: _____ Name of Newspaper: _____

By signing this Application for Utility Location Permit, the undersigned hereby certifies: a) that he/she is a duly authorized employee and representative of the utility/entity identified above ("Applicant"); b) that the information provided herein is true and accurate; c) that the Application is understood to be for a limited period and that the Applicant, at its sole expense, may have to adjust, remove, or relocate its facilities in the future; and d) that the Applicant will maintain its facilities in accordance with MaineDOT's Utility Accommodation Rules (17-229 C.M.R. Chapter 205) and all other applicable laws.

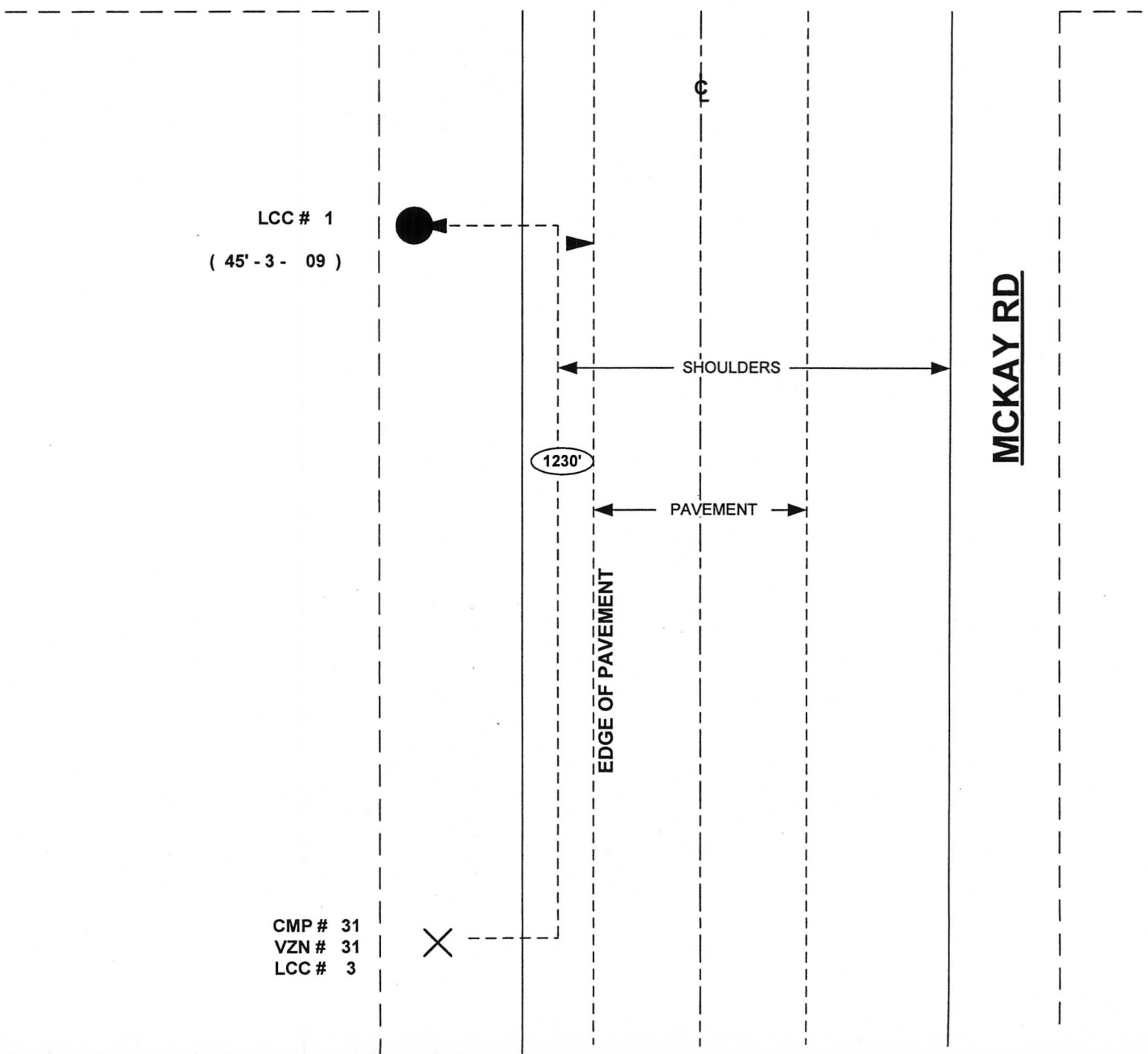
Signature:  **Signature:** _____
Printed Name SAM HAFFORD **Printed Name:** _____
Title: FACILITIES COORDINATOR **Title:** _____

R/W 54
UTILITY - 12
AUGUST - 1972

PLAN OF PROPOSED UTILITY LOCATION
(TO ACCOMPANY APPLICATION FOR A UTILITY LOCATION PERMIT)

UTILITY: LINCOLNVILLE COMMUNICATIONS DATE 8-19-09

TOWN: EDGEComb S.H.C. PROJECT NO. N/A

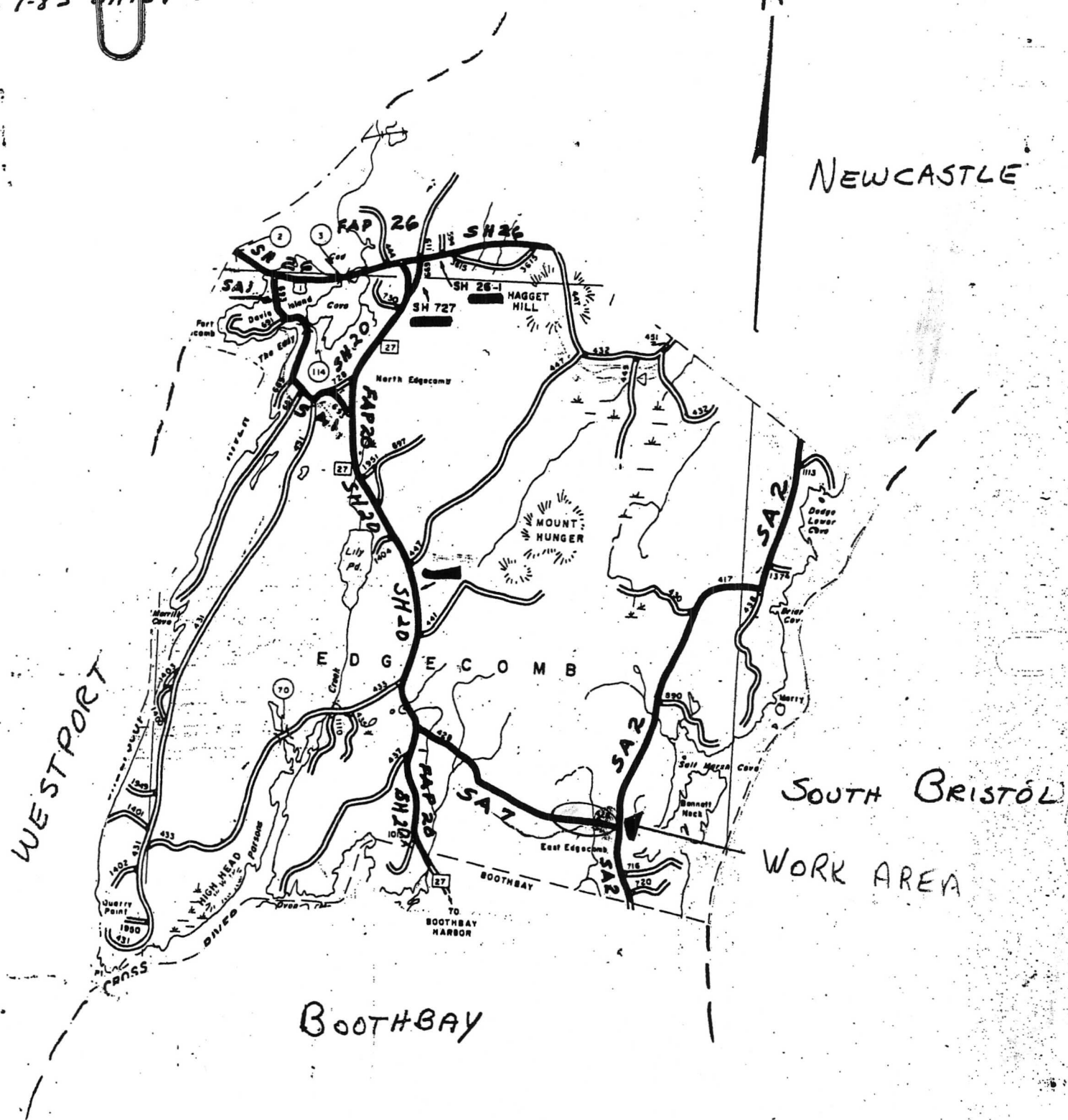


10-82

U. 7-83 SH159 TO SH20



NEWCASTLE



SOUTH BRISTOL
WORK AREA

BOOTHBAY

SCALE

0 1 2 MILES

EDGE COMB (T)

DIV 5