

OWNER AUTHORIZATION and CONSENT FORM

{Incomplete information will result in the permit application being returned or voided}

OWNER/PERMITTEE INFORMATION

Company Name:	
Contact Person Name and Title:	
Phone:	
Email:	
Mailing Address:	
Project Name:	
Is the use of CANTON property temporary, permanent, or both?	
Temporary Use Request: Describe all temporary work to be performed on Canton's property.	
Square footage of the area to be occupied:	
Length of time property is required for temporary use:	
Is it with 50' or blasting within 100'of Canton's right of way (above, under, or adjacent to)?	
Will equipment be stored on Canton's Property? If so, list all equipment to be used on Canton's property.	

Permanent Use Request:	<u> </u>
Square footage of the area to be conveyed to the requester:	
A signed, sealed plat of survey, metes and bounds description, and total square footage will be required before a Permit can be issued. Is the survey attached?	
Will it be surface, underground, or aerial area?	
Will it be an aerial or underground utility line?	
Will installation be within 50' of Canton's property (above, under, or adjacent)?	
Date of Entry Required:	
Length of Term of Agreement Required:	
	This form is hereby made for the activities described herein. I certify that I am familiar with the information in this form, and to the best of my knowledge and belief; this information is true, complete, and accurate. I further certify and grant CANTON permission to verify the proposed activities. I understand that the granting of other permits by local, county, state, or federal agencies does not release me from the requirement of obtaining the approval requested from CANTON before commencing the project.
Representative Signature	
Date:	
	<u></u>

This information is critical if the owner/requester is outsourcing work to a contractor or utility company. The signature must be signed by the contractor or subcontractor performing the work.

Company Name:	
Contact Person Name and Title:	
Phone:	
Email:	
Mailing Address:	
Will work be done with 50 feet of Canton's rail?	
SIGNATURE:	
DATE:	PROKED/ASSIGNEE INFORMATION
	BROKER/ASSIGNEE INFORMATION
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Company Name:	BROKER/ASSIGNEE INFORMATION
Company Name: Contact Person Name and Title:	BROKER/ASSIGNEE INFORMATION
Company Name: Contact Person Name and Title: Phone:	BROKER/ASSIGNEE INFORMATION
Company Name: Contact Person Name and Title: Phone: Email:	BROKER/ASSIGNEE INFORMATION
Company Name: Contact Person Name and Title: Phone: Email: Mailing Address: Will work be done within 50 feet of	BROKER/ASSIGNEE INFORMATION
	BROKER/ASSIGNEE INFORMATION

SITE INFORMATION

Site I.D. # or Control # (if applicable)	
Property Description: Please state the cross street between the requested area.	
Right of Way Plat and Tax Map and Parcel and GIS Coordinates	
Description of Equipment and fiber to be Installed	
Will you need Canton flaggers for the project?	

AFFIDAVIT

I HEREBY CERTIFY that I/We are the owner (s) of the above-listed equipment and property installed, or to be installed, on the above-described real property owned by the Canton Railroad Company (CANTON), and I/WE permit the above Agent or Contractor to perform the activities described above by signing this Affidavit. I certify that the owner (s) and Agent or Contractor will be responsible for all costs, fees, charges, utility bills, taxes, special assessments, and other debts or obligations associated with these activities and property. We will hold CANTON harmless and defend CANTON, its officers, agents, servants, employees, and assigns from any suits, claims, demands, actions, proceedings, liabilities, damages, costs, and expenses (including legal fees) of any kind brought against CANTON, arising from, associated with or based upon any injury, death, loss or damage or because of any violation of any laws, rules or regulations of any local, state or federal agency associated with these construction activities and use of CANTON property for the installation, operation or maintenance of the equipment, excluding (1) acts of God; (2) damage caused by third parties or parties not affiliated with the owner; or (3) employees, agents or independent contractors of CANTON. I certify that this Affidavit complies with all ordinance requirements and conditions regarding approvals that have been granted to me. I certify that all of the applicable filing requirements have been met, and to the best of my knowledge, the submitted documents and information are true and correct.

I further acknowledge that a Certificate of Insurance Coverage Form with the Canton Railroad Company as the Certificate Holder must be submitted to the Director of Real Estate and Contract Service within or at least (7) business days before the work begins. I/WE acknowledge that fieldwork cannot be performed until the CANTON receives the insurance certificate, and failure to obtain or maintain the required insurance or to submit the required Certificate shall be grounds for revocation or termination of the Permit and the contingent agreement.

NOTARY:			
STATE OF	, CITY/COUNTY OF		, TO WIT:
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	at on this day of		
	_, and representative of (Compa		
-	himself/herself there to be the		
	e proposed request meets with		
	certy legated at		
	perty located at		which is upon
Canton property.			
WITNESS, MY HAND, AND NO	OTARIAL SEAL:		
Notary Public	My Co	mmission Expires	· · · · · · · · · · · · · · · · · · ·