A logo with a star and text

Description automatically generated

**COUNTY:  
PROJECT:  
CONTROL:  
HIGHWAY:**

# RIGHT OF WAY CERTIFICATION

[ROW Unclear Federal or State]

This is to certify that all right-of-way has been acquired in accordance with the current <FHWA directive(s)> or <State requirement(s)> covering the acquisition of real property, except those parcel(s) listed below which will be acquired in accordance with the FHWA directive(s).

[Please list acquisitions in chronological order by Phase, and include any pending ROW Easements]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARCEL ID # AND OWNER** | **LOCATION** | **PHASE/STEP**  **IMPACTED** | **PHASE/ STEP START DATE** | **ESTIMATED**  **CLEARANCE**  **DATE** | **BUFFER** | **UNCLEAR UTILITY IMPACTED**  **UID #** | **DESCRIPTION OF CONSTRUCITON** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

[ROW Unclear Federal or State with executed PUA’s]

This is to certify that all right-of-way has been acquired in accordance with the current <FHWA directive(s)> or <State requirement(s)> covering the acquisition of real property, except those parcel(s) listed below but have executed Possession and Use Agreements (PUAs).

|  |  |
| --- | --- |
| **PARCEL ID # AND OWNER** | **PUA AGREEMENT DATE** |
|  |  |
|  |  |
|  |  |

# ENCROACHMENT CERTIFICATION

This is to certify that all right of way encroachments have been adjusted, except those encroachments listed below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ENCROACHMENT DESCRIPTION** | **LOCATION** | **PHASE/ STEP**  **IMPACTED** | **PHASE/ STEP START DATE** | **ESTIMATED**  **CLEARANCE**  **DATE** | **BUFFER** | **UNCLEAR UTILITY IMPACTED**  **UID #** | **DESCRIPTION OF CONSTRUCITON** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**RELOCATION CERTIFICATION**

This to certify that steps relative to relocation advisory assistance and payments under the current State requirement(s) covering the administration of the Highway Relocation Assistance Program are ongoing as follows:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARCEL ID # AND OWNER** | **LOCATION** | **PHASE/ STEP**  **IMPACTED** | **PHASE/ STEP START DATE** | **ESTIMATED**  **CLEARANCE**  **DATE** | **BUFFER** | **UNCLEAR UTILITY IMPACTED**  **UID #** | **DESCRIPTION OF CONSTRUCITON** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Engineer

xxxxx District

Date: