

Exhibit A

APPLICATION FORM (by U.S. Mail and Town Web site)

NOTICE: Deadline is for this application is **JULY 1 st!!!**

1. **ALL** projects must be within the public right-of-way, or public property with in the contiguous municipal boundaries of the Town of Four Oaks. Care shall be taken not to obscure the line of sight at intersections and not to plant shrubs or trees that will either interfere with fire hydrants or other traffic control devices, including signs.
2. Any party utilizing these funds for projects will **be responsible** for property damages, misfeasance and misappropriation of funds and /or property and shall not hold the Town of Four Oaks liable for such actions.
3. If the recipient of the fund is someone other than the Town of Four Oaks, that individual or group will be responsible for the **maintenance** of the project upon completion. This includes regular pruning, watering, and other necessary actions to maintain the project in its original condition.

This application must be accompanied by:

1. A sketch plan which illustrates the nature of your request.
2. A cost estimate of the project.
3. A list of planting materials and other materials that will be used in accomplishing the project. Please list live plant types, their size, shape and color.
4. The addresses of all property involved in the proposed project(s). Have the effected property owners been contacted and made aware of the project. Yes No
5. Type of Grant requested: Direct Grant; Reimbursement; Matching Funds
6. Do you propose to attach items to Utility Poles? Yes No
7. If yes to item 6, have you gotten written permission from the appropriate Utility? Yes No
If yes, please attach a copy of the Joint Use Pole Agreement granting permission to attach to the Utility poles(s). The contact person for the local utilities are as follows:
Town of Four Oaks--Director of Utilities 919-963-3112
Embarq Telephone---Local Engineer 919-938-3943
Progress Energy-----Local Engineer 919-965-1541

Signature of Applicant/Contact

Date

Telephone Number

E-Mail address

Initials 

LHP

Exhibit A (Continued)

TO BE COMPLETED BY THE TOWN OF FOUR OAKS

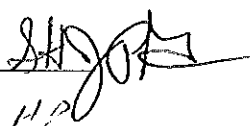
Date received by the Town and / or Appearance Commission _____

Request Number _____

Approved____; Denied____; Needs more information_____

Comments:

Chairperson or Secretary Date
Appearance Commission
OR
Mayor

Initials 
L.H.P.