

DIVISION OF PARKS AND RECREATION

June 14, 2005

STAFF DIRECTIVE 05-02

TO: Administrative Staff
District Superintendents
District Maintenance
Park Superintendents

FROM: Lewis Ledford, Director

SUBJECT: Revised Approval Form to Staff Directive 97-7
(Trail Construction, Renovation, and Demolition Form)

The attached form is a revised Trail Construction, Renovation, Relocation and Use Approval Form. Please replace the form presently being used and use the new form effective immediately.

This form must be submitted by the Park Superintendent to the District Superintendent for review and approval, then forwarded to the Chief of Maintenance and Chief of Construction for review, then forwarded for review and approval to the Trails Program, Superintendent of State Parks, and Director.

JH/alm

Attachment

North Carolina Division of Parks and Recreation
New Trail Construction, Renovation, Relocation and Use
Approval Form

Park: _____ Date Submitted: _____ Submitted by: _____

Superintendent Approval: _____ District Superintendent Approval: _____
Initial & Date Initial & Date

Project Description with Justification: _____

(Attach as needed)

Type of Approval Requested:

_____ New Trail Construction
_____ Trail Relocation

_____ Trail Renovation
_____ Trail Use Designation

Estimated Trail Project Cost: _____ Funding Source: _____
(Fund Account Numbers)

Will design assistance be required? _____

Trail Project Listed in the Park's Approved General Management Plan? _____

Trail Project Listed as a Capital Improvement Project? _____

Has a Resource Management Review Form been completed? _____ (Please attach)

Name of Trail: _____

Type of Trail: ☐ Hiking ☐ Mountain Biking ☐ Multi-use
☐ Horseback Riding ☐ Canoeing

Length of Trail: _____ Width of Trail: _____ Surface of Trail: _____

Estimated # of Miles to be Renovated/Constructed: _____ Site Map Attached: _____

Has Park Advisory Committee been consulted? _____ Yes _____ No _____ N/A

Comments: _____
(Attach as needed)

Review & Approvals

Review, Comment, Sign, and Forward (Attach as needed)

Chief of Maintenance: _____
Initial & Date

☐ Approved
☐ Not Approved (See attached)

Chief of Construction: _____
Initial & Date

☐ Approved
☐ Not Approved (See attached)

Trails Coordinator: _____ Superintendent of State Parks: _____ Director: _____
Initial & Date Initial & Date Initial & Date

☐ Approved ☐ Approved ☐ Approved
☐ Not Approved (See attached) ☐ Not Approved (See attached) ☐ Not Approved (See attached)

Comments: _____