

**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: _____