

CERTIFICATE OF RIGHT OF WAY

(Excludes railroad interests)

RE1899 01/22/2020 (Replaces RE5005)

Wisconsin Department of Transportation

After completing, convert to a PDF format prior to sending via Esubmit.

To: Director, Bureau of Technical Services – Real Estate Hill Farms Bldg/Rm 501 - Madison		From: SE Region; Technical Svcs	Date: 2-5-2020
Construction project number 2240-00-77	Federal aid project number	R/W project number	
Highway STH 36	Letting date 8-11-2020		
Title and limits Milwaukee Avenue, STH 20 to CTH Y		County Racine	
Type of work Resurfacing, curb and gutter	Begin station 226+70	End station 663+50	
Encroachments still to be removed <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes, list parcel #(s), station(s), explain items, who will remove, estimated removal date, etc.:			

Encroachments to be left in place by revocable permit
☒ None ☐ Yes, list parcel #(s), station(s), explain items, etc.:

Hazardous materials
☒ None ☐ Yes, list parcel #(s), station(s), explain remedy plan, estimated removal date, etc.:

List right of way parcels and interests required for this construction project letting.
☒ None ☐ Yes, provide parcels #(s) and type of interest:

-- For WisDOT Regional Design Authorization Use Only --

Note: Railroad land interests are not a part of this certification.

- ☒ **No new right of way is required; and, we certify the right of way status as #1, pursuant to 23 CFR 635.309 and other federal regulation as appropriate.**
- ☐ **Yes, new right of way is required.** (If checked, forward to regional Technical Services – Real Estate.)

Justin Suydam

Regional Design Representative
(Only WisDOT has authorization approval)

2-5-2020

Date

-- For WisDOT Regional Real Estate Authorization Use Only --

If new R/W is required:

- ☐ All parcels are acquired.
- ☐ Parcels not yet acquired. If applicable, list parcel number(s), closing date, award date, and other pertinent details:

Relocation
☐ None ☐ Yes, provide parcel #(s), relocation date(s), anticipated, delays, etc.:

Structure Removal
☐ None ☐ Yes, provide type(s), removal date(s), by whom:

On behalf of the acquiring agency ☐ State, ☐ County, ☐ City, ☐ Village, ☐ Town, ☐ Other: _____, and pursuant to 23 CFR 635.309 and other federal regulation as appropriate, we certify the right of way status as: ☐ 1, ☐ 2, ☐ 3.

Regional Real Estate Representative
(Only WisDOT has authorization approval)

Date

Include additional information and attach additional pages, if necessary.