



NOTICE OF DISPUTE - HOP APPLICANT

FOR DEPT. USE

____ - ____ - ____
Organization - Year - Number

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Review Request for Disputed Application
(Fax, Email, or Deliver to District Permit Office)

Project Location – County: _____ State Route: _____ Segment: _____ Offset: _____

Applicant: _____

Application Number: _____

Consultant: _____

(1) Describe project details in dispute:

(2) Describe how you think this project detail should be handled, and why:

Optional: _____
CONSULTANT'S SIGNATURE DATE PHONE NUMBER

Required: _____
APPLICANT'S SIGNATURE DATE PHONE NUMBER



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- THIS PAGE FOR DEPARTMENT USE ONLY -

Application Date: _____

(1) Regulation Section(s) Governing Project Detail:

(2) Policy Governing Project Detail:

(3) Facts in Dispute:

(4) Recommendation (include reasons):

Permit Manager Signature

Date

Concur with Recommendation. . . Yes No

Panel Review Required Yes No

Applicant notified on _____
(Date)

Signed _____
(ASST.) DISTRICT EXECUTIVE