AI # 49598 Rec via email 07/07/26 BS

MSR10 9933

(NUMBER TO BE ASSIGNED BY STATE)

APPLICANT IS THE: ☑ **OWNER** ☐ **PRIME CONTRACTOR**

OWNER CONTACT INFORMATION

OWNER CONTACT PERSON: John C. Taylor

OWNER COMPANY LEGAL NAME: Mississippi Dept. of Transportation

OWNER STREET OR P.O. BOX: P. O. Box 1850

OWNER CITY: Jackson **STATE:** Ms **ZIP:** 39215

OWNER PHONE #: (601) 359-7275 **OWNER EMAIL:** jtaylor@mdot.ms.gov

PREPARER CONTACT INFORMATION

IF NOI WAS PREPARED BY SOMEONE OTHER THAN THE APPLICANT

CONTACT PERSON:

COMPANY LEGAL NAME:

STREET OR P.O. BOX:

CITY: **STATE:** **ZIP:**

PHONE # ( ) **EMAIL:**

PRIME CONTRACTOR CONTACT INFORMATION

PRIME CONTRACTOR CONTACT PERSON:

PRIME CONTRACTOR COMPANY LEGAL NAME:

PRIME CONTRACTOR STREET OR P.O. BOX:

PRIME CONTRACTOR CITY: **STATE:** **ZIP:**

PRIME CONTRACTOR PHONE #: (____)_____ **PRIME CONTRACTOR EMAIL:**

FACILITY SITE INFORMATION

FACILITY SITE NAME: MDOT Warren 109482/109684/301000

FACILITY SITE ADDRESS (If the physical address is not available, please indicate the nearest named road. For linear projects indicate the beginning of the project and identify all counties the project traverses.)

STREET: I-20

CITY: Vicksburg STATE: MS COUNTY: Warren ZIP: 39181

FACILITY SITE TRIBAL LAND ID (N/A If not applicable): NA

LATITUDE: 32 **degrees** 19 **minutes** 34.73 **seconds** **LONGITUDE:** 90 **degrees** 51 **minutes** 47.15 **seconds**

LAT & LONG DATA SOURCE (GPS *(Please GPS Project Entrance/Start Point)* or Map Interpolation): Jackson

TOTAL ACREAGE THAT WILL BE DISTURBED [1]: 19