



UTILITY LOCATE REQUEST & EXCAVATION PERMIT

ATHLETICS

KW

SM & P

LANDSCAPE SVCS.

Fax

OIT

UTILITIES

PART A - REQUEST SECTION I - REQUESTING PARTY No:

Firm Name:		Date:	/ /	County:	St. Joseph
Street Address:		Time:			(Please circle)
City, State, Zip:		Phone:		Township:	Portage / Clay
Contact Person:		Cellular:		Email:	

SECTION II - CONTRACTOR INFORMATION

Project Name:					
Contractor:		Contact:			
Prime Contractor:		Phone:			
IUPPS #: 1-800-382-5544		Permit Type:	NEW	REISSUE	(Please circle)
IUPPS Reference No:					

SECTION III - UNIVERSITY OF NOTRE DAME CONTACT

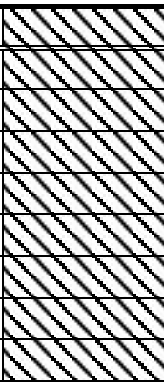
Department:		Contact:		Phone:	
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SECTION IV - SCOPE OF WORK

Requested Start Date:		Requested Start Time:	
Location:			
UND Plat Drawing No.			
Description of Work:			
Site Meeting: (please circle one)	NO	YES	
Depth of Construction:			
Means of Excavation:	Boring	Auguring	Drilling BY HAND Other:
Sequence of Work:			
Estimated Completion Date:			

PART B - EXCAVATION PERMIT

The following utilities have been either marked or determined to be all clear for the areas and type of construction requested in Part A.

	MARKED	CLEAR		MARKED	CLEAR	
Water						Primary Electric
Chilled Water						Secondary Elec./Site lighting
Steam						Fire Alarm
Tunnel						Storm/Sanitary Sewers
Irrigation-UND						Telephone
Irrigation -Athl.						Cable
Irrigation-Golf						IT/Fiber
Gas						Other:

Work may not commence before:		Permit Expiration Date (28 days after issue)	
Date:		Time:	
Permit Granted by:		Work Order #:	
Permit Received by:		Time:	
		Date:	