

**UNIVERSITY OF NOTRE DAME  
UTILITY LOCATE REQUEST & EXCAVATION PERMIT**

No. \_\_\_\_\_

**PART A - REQUEST**

<b>Section I - Requesting Party</b>		Date:	
Firm Name:		Time:	
Address:		Phone:	Fax:
Contact Person:			
<b>Section II - Contractor Information</b>			
Project Name:			
Contractor:		Contact:	Phone:
Prime Contractor:		Contact:	Phone:
Nat'l. Buried Cable Hotline Reference No:			
<b>Section III - University of Notre Dame Contact</b>			
Department:		Contact:	Phone:
<b>Section IV - Scope of Work</b>			
Requested Start Date:		Requested Start Time:	
Location:			
UND Plat Drawing Nos.			
Description of Work:			
Site Meeting:			
Depth of Construction:			
Means of Excavation:			
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 Elec.
		Chilled Water			Secondary Elec./Site lighting
		Steam			Fire Alarm
		Tunnel			Storm/Sanitary Sewers
		Irrigation-UND			Telephone
		Irrigation -Athl.			WNDU
		Irrigation-Golf			OIT
		Gas			

Work may commence not before the following date and time:

Date:	Time:
Permit Granted by:	Date:
Permit Received by:	Date: