

UTILITY LOCATE REQUEST & EXCAVATION PERMIT

UTILIQUEST	ATHLETICS	ELECTRIC CONT.	USIC	LANDSCAPE SVCS.	ΟΙΤ	UTILITIES		
PART A - REQU	EST	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	e No:							
		SECTION III -	UNIVERSITY	OF NOTRE DAM	E CONTACT			
Department:			Contact:			Phone:		
SECTION IV - SCOPE OF WORK								
Requested Start	Date:	Requested Start Time:						
Location:								
UND Plat Drawin	ng No.							
Description of W	/ork:							
Site Meeting:	(circle one)	NO	YES					
Depth of Construction:								
Means of Excavation:		Boring	Augering	Drilling	BY HAND	Other:		
Sequence of Work:								
Estimated Comp	oletion Date:							
		Р	ART B - EXCA		ſ			
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 Electri	C	
Chilled Water						Secondary Elec./Site lighting		
Steam						Fire Alarm		
Tunnel						Storm/Sanitary	Sewers	
Irrigation-UND						Telephone-AT	Г	
Irrigation -Athl.						Cable		
Irrigation-Golf						IT/Fiber		
Gas						ND Phone		
						Other:		
Work may not co	ommence before	e:		Permit Expiration Date (21 days after issue):				
Date:		Time:			Work Order #:			
Permit Granted by:			Time:					

Emailed Completed Locate to:	Date:	