

## UTILITY LOCATE REQUEST & EXCAVATION PERMIT

UTILIQUEST	ATHLETICS	ELECTRIC CONT.	USIC	LANDSCAPE SVCS.	ΟΙΤ	UTILITIES	
PART A - REQUEST SECTION I - REQUESTING PARTY No:							
Firm Name:				Date:		County:	St. Joseph
Street Address:				Time:			(Please circle)
City, State, Zip:						Township:	Portage or Clay
Contact Person:				Cellular:		Email:	
SECTION II - CONTRACTOR INFORMATION							
Project Name:							
Contractor:		1	Contact:				
Prime Contractor:					Phone:		
IUPPS #: 1-800-382-5544		1		Permit Type:	New	Remark	(Please circle)
IUPPS Reference No:							
SECTION III - UNIVERSITY OF NOTRE DAME CONTACT							
Department:			Contact:			Phone:	
SECTION IV - SCOPE OF WORK							
Requested Start Date: Requested Start Time:							
Location:							
UND Plat Drawing No.							
Description of Work:							
Site Meeting: (circle one)		NO	YES				
Depth of Construction:			•				
Means of Excavation:		Boring	Augering	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-ATT	
Irrigation -Athl.						Cable	
Irrigation-Golf						Choice Light Fiber	
Gas						IT/Fiber	
AEP						ND Phone	
Work may not c	ommence befo	re:				s after issue)	
Date:		Time:	Time: Work Order #:				
Permit Granted by:		Time:					
Emailed Completed Locate to:		Date:					

updated 11/21/2023