

D-4181-UC (6-18)

**UTILITY RELOCATION
CLEARANCE REPORT
INSTRUCTIONS**

- State Route – Identify the state route for the proposed facilities.
- Station to Station or Segment & Offset to Segment & Offset – Identify the location of the proposed facilities.
- RT/LT – Identify if the proposed facilities are right or left of the highway centerline.
- Brief Description of the Adjustment – Identify the type of work required for the relocation/adjustment (i.e., install new pole, relocate gas line, etc.).
- Type of Relocation - Each Location – Identify the type of relocation for each location. See the definitions for the different types of relocations on the form.
- Describe Conditional Restrictions or Time Requirements for Coordinated Work – Identify any conditional restrictions or time requirements for the utility work, including sequencing of utility work. See the definitions for the different types of relocations on the form.
- Calendar Days Required or Date of Completion – Identify how many calendar days are required to complete the work for each location. For PRIOR work, give the anticipated or actual completion date.
 - If applicable, the utilities should also include time to order material, the sequencing of operations between utilities and scheduling crews and outages.
- Sign and Date the form.
- If needed, attach additional sheets to list additional information.



UTILITY RELOCATION CLEARANCE REPORT

COUNTY _____

CITY, BORO, TWP _____

ROUTE & SECTION _____

FEDERAL PROJ. NO _____

Utility _____

Date _____

Prepared by _____

Phone _____

Construction Contact _____

Phone _____

TYPE OF RELOCATION WORK (REF: DESIGN MANUAL PART 5)

1. **PRIOR:** Anticipated completion of work before the highway contractor's Notice to Proceed is issued. Use actual or anticipated completion date.
2. **RESTRICTIVE:** To be completed by the UTILITY before highway contractor can operate without restriction. Number of calendar days required AFTER THE DATE OF NOTICE TO PROCEED AND AFTER CONTRACTOR NOTIFIES UTILITIES.
3. **CONCURRENT:** Simultaneous with, but not restricting, the highway contractor's operation. Number of calendar days required.
4. **COORDINATED:** Phasing with a specific construction operations and/or phasing with the operations of other utilities. Number of calendar days required AFTER COMPLETION OF SPECIFIC CONSTRUCTION OPERATIONS (e.g.: clearing & grubbing, rough grading, pipe hangers).
5. **NOT AFFECTED:** Identifies UTILITY with facilities in the construction area not anticipated to be affected. Specific information may be provided by the UTILITY.
6. **INCORPORATED:** Utility relocation work to be included into the prime highway construction contract to be completed by the highway contractor.

CONDITIONAL RESTRICTIONS AND TIME REQUIREMENTS: Identify conditions affecting the utility's ability to perform work, i.e.: certain times of the day, week or year that a facility cannot shutdown, acquisition of R/W by the State, demolition of buildings, relocation of other utilities, etc. Show number of calendar days.

LIST EACH AREA OF INVOLVEMENT BELOW

ROUTE	STATION TO STATION OR SEG. & OFFSET TO SEG. & OFFSET	RT./ LT.	BRIEF DESCRIPTION OF ADJUSTMENT	TYPE OF RELOCATION EACH AREA (SEE ABOVE)	DESCRIBE CONDITIONAL RESTRICTIONS OR TIME REQUIREMENTS SPECIFY CONTRACTOR'S OPERATION FOR COORDINATED WORK. SEE NOTES ABOVE	CALENDAR DAYS REQ'D OR DATE OF COMPLETION

The proposed adjustments described above are the necessary relocation adjustments to be undertaken by the above named utility to accommodate the construction of the above listed highway project. Contingent upon the approval of a necessary occupancy permit and/or execution of a reimbursement agreement and upon notice to proceed by the Department of Transportation, the above named utility agrees to proceed with these adjustments.

BY _____
(Signature)

TITLE

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TITLE