Heavy Equipment Work Request Form

Project Location: _____

Project Description: _____

_____

Start Date: _____ Estimated End Date: _____

Associated PR/WR #: _____ Shop Assist: Utilities ☐
Construction ☐
Landscaping ☐

Will this project require a pre-construction meeting? Yes☐ No☐

Who is responsible for Locates? _____

*Please mark area to be located in white

Location of Street/Sidewalk closures: _____

Who is responsible for requesting closures? _____

*Check with campus for special events for the date and area requested.

Who will provide traffic control and equipment? _____

*Heavy Equipment is responsible for providing all fencing, trench plates, safety equipment, etc.

Will this work require Asphalt/Concrete cuts? Yes ☐ No ☐

Who will coordinate asphalt work? _____

Are here any potential storm impacts? Yes ☐ Describe: _____
No ☐ _____
*If yes, please contact Garrett Ferry _____

	Name	Phone	Email
Requestor			
Project Manager/Point of Contact			
Onsite Contact			