CITY OF LAKELAND
PUBLIC WORKS DEPARTMENT
228 S. MASSACHUSETTS AVE.
LAKELAND, FL 33801-5086

ROADWAY IMPROVEMENT PROJECT
UTILITY RELOCATION SCHEDULE

Project Name:_____

Relocation Schedule For:_____

Transmitted To:_____

Scope of Intent:

This procedure is to provide a coordinated effort between the CITY, UTILITY and CONTRACTOR involved in a roadway maintenance improvement project to be able to schedule and perform relocations of affected UTILITY facilities in a manner that is cost and time efficient and provides the least amount of conflict and delay to the CONTRACTOR and the general public. A copy of this schedule may be included in the bid documents to provide the bidder with prior information regarding relocation requirements. The approved schedule will also serve as the required permit.

Purpose and Content of Schedule:

A. The UTILITY is to use this form to describe the nature and extent of their facilities that exist and/or will be affected by the roadway improvements proposed.

B. The UTILITY will then describe the facilities that are to be relocated, adjusted and/or removed. List any requirements for additional right of way or easements that might be needed to accommodate the facilities in their relocation. Indicate any preparation of the right of way, such as clearing and grubbing and rough grading, either by the CITY or CONTRACTOR, that will be required in order to accomplish the proposed activities, and the time frame of that preparation related to the different types of activity listed.

C. The UTILITY will need to calculate the calendar days projected to perform the activities broken down as to "Prior to Construction Days" and "During Construction Days". The total number of days will then be shown with a notation that they do not include "rain days."

D. The UTILITY will use plans provided by the CITY that may or may not show their existing facilities. If shown on the plans by a utility survey performed by the City, verify the information depicted and note any inaccuracies. If facilities are not shown on the plans by verified utility survey, or by previously submitted marked set of plans, the UTILITY must mark existing facilities and return for design purposes. That information will be the responsibility of the UTILITY to ascertain it's accuracy as it relates to the proposed roadway improvements and base their utility relocation schedule on the accuracy of that information. Any construction delays or costs for items of construction to compensate for conflicts may be charged to the UTILITY by the CITY or CONTRACTOR if determined to be the UTILITY'S negligence or oversight. A certification of the obligation of the UTILITY to be responsible for all information will be furnished on this form.

E. There will be information furnished for responsible UTILITY representative(s) to be contacted for any emergencies, questions or resolution of field problems. This information will provide the means of contacting this person or persons for working days, nights, weekends and holidays during the contract time. An alternate contact is suggested to insure coverage due to any conditions that would make the primary unavailable.

A. Existing Facilities Involved (Detail as to Type and Location referenced to project centerline stations).

SEE ATTACHMENT 'A'

B. Relocation Work Anticipated (Describe and Relate to Location on Project referenced to project centerline stationing).

SEE ATTACHMENT 'B'

City of LAKELAND

C.

Non-Construction Items	Estimated Calendar Days	Construction Items	Estimated Calendar Days
Preliminary Engineering	_____	Prior to COL Project Construction	_____
Material Procurement	_____	During COL Project Construction	_____
R/W and Easement Acquisition	_____		
Contract Negotiations	_____		
Other Time Required	_____		
ESTIMATED TOTAL	_____	**ESTIMATED TOTAL**	_____

(Estimate and all data provided within this schedule are based upon COL preliminary construction plans dated _____.)

D. Special Notations: (Indicate here if a JPA is to be requested).

SEE ATTACHMENT 'D'

E. Certification by UTILITY for completeness of information documented on this form and submittal for approval:

By:_____ Date: _____

_____
(Printed or typed name and title authorized to execute this document)

_____ _____
(Name of representative) (Contact numbers, pager, cell, etc.)

_____ _____
(Name of representative) (Contact numbers, pager, cell, etc.)

REVIEW AND APPROVAL BY THE CITY OF LAKELAND, PUBLIC WORKS DEPARTMENT:

By:_____ DATE:_____

Gregory D. James, Asst. Director of Public Works
(Printed or typed name and title authorized to execute this document)

City of LAKELAND

ATTACHMENT "A"

Existing Facilities Involved				
UTILITY FACILITIES by TYPE/ SIZE/ MATERIAL/ OFFSET TO B/L FROM STA TO STA	DESCRIPTION OF UTILITY WORK	DEPENDENT ACTIVITIES	MOT PHASE #	CONSEC. CAL. DAYS

City of LAKELAND

ATTACHMENT "B"

Relocation Work Anticipated				
UTILITY FACILITIES by TYPE/ SIZE/ MATERIAL/ OFFSET TO B/L FROM STA TO STA	DESCRIPTION OF UTILITY WORK	DEPENDENT ACTIVITIES	MOT PHASE #	CONSEC. CAL. DAYS

City of LAKELAND

ATTACHMENT “D”

Special Conditions / Constraints