

D-419, Utility Clearance Checklist

<u>County Name</u>	<u>SR & Section</u>	<u>MPMS #</u>	<u>Utility Name</u>
_____	_____	_____	_____

Coordinate Work

Contractor & Utility Operations	_____
Utility sequencing (if required)	_____
Number of Calendar Days	_____

Incorporated Work

Description of Work	_____
Pay Item	_____
Utility Agreements (check UREDMS)	_____

Restrictive Work

Description of Work	_____
Utility sequencing (if required)	_____
Number of Calendar Days	_____

Concurrent Work

Description of Work	_____
Number of Calendar Days	_____

Prior Work

Description of Work	_____
Actual or Anticipated Date	_____

Not Affected

Utility Name and Contact	_____
Location of Facilities	_____

NOTES:

Is a conditional clearance required (no agreement packages)?	_____
Is a project condition required (no signed agreements)?	_____