TITLE: EXCAVATION PERMITS

OBJECTIVE AND PURPOSE
To protect existing underground utilities (electrical, irrigation, telecommunications, etc.) during excavation.

RESPONSIBILITY ACTION

PROJECT COORDINATOR
♦ Request *Excavation Permit (Attachment “A”)* from Physical Plant Work Control.
♦ Provide description and location of work.
♦ Describe equipment to be used.
♦ Indicate date work is to be performed.
♦ Contractor shall identify location of work with marking paint or flagging prior to dig permit meeting.
♦ If required, Contractor shall commission an underground utility surveyor to find flag and map utilities in the area.
♦ Schedule on-site meeting with University personnel as per requirements listed on *Excavation Permit (Attachment “A”)*, including the department of Engineering & Utilities. Each department is to flag existing work. CM/GC on site personnel shall be present for on site meeting.
♦ Return completed original *Excavation Permit (Attachment “A”)* to Work Control.
♦ Provide copy of *Excavation Permit (Attachment “A”)* to Contractor and project file before any work may commence.
♦ Ensure CM/GC notifies No-Cuts and obtains clearance as required prior to starting any work.
♦ Attend beginning of actual digging to ensure contractor compliance with equipment to be used in dig permit.

FACILITIES PLANNING ENGINEERING REP.
♦ Coordinate/update infrastructure plans for accuracy and completeness within the area of work.
♦ Coordinate dig permit with other active projects in the area of work.

ATTACHMENT
♦ *Excavation Permit – Attachment “A”*

<table>
<thead>
<tr>
<th>Issued By: Elliott</th>
<th>Date Issued: 4/01/01</th>
<th>Date Revised: 11/2007</th>
<th>Effective Date: 4/01/01</th>
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<tbody>
<tr>
<td>APPROVED:</td>
<td>N/A</td>
<td>Vice President</td>
<td>Associate V.P.</td>
</tr>
</tbody>
</table>
EXCAVATION PERMIT
FLORIDA ATLANTIC UNIVERSITY

Date Issued: ____________________________ Date Permit Expires: ____________________________
Project Name: __________________________ Project Number: ____________________________
Location of Work: __________________________
Description of Work: __________________________

Equipment to be used: __________________________

Date work to be performed: __________________________

I certify that I have reviewed the underground utilities plans for the area to be excavated and the work can be performed without damage to the utilities or exposure to hazardous working conditions. Known utilities have been flagged by responsible individuals. I have briefed individuals on the work site of utilities to be encountered/expected. I UNDERSTAND THAT WORK MAY NOT BEGIN UNTIL I HAVE THE REQUIRED SIGNATURES INDICATED BELOW:

Contractor’s Supervisor in charge of work: __________________________
Company: __________________________
Phone: __________________________

I certify I have reviewed the underground utilities plans for the areas to be excavated and I agree the work can be performed as planned. I have briefed the Supervisor in charge of the work and he is aware of utilities in the area. Special conditions are indicated below:

Engineering Technician 7-3292 mavrodin@fau.edu
Maintenance Dept. Superintendent 7-2241 gcarpenter@mmcor.com
Engineering & Utilities 72113 tnewell@fau.edu
Engineering & Utilities 7-0343 jswart@fau.edu

Engineering & Utilities 7-215
jredhead@fau.edu

Grounds Representative 7-2293 mhbell@fau.edu
Telecommunications Representative 7-2555 jpuga@fau.edu
Facilities Planning 7-2248 velliott@fau.edu

Special Conditions:

☐ Contractor shall call utility locator for BellSouth, Gas, Cable and FPL locates
☐ Hand dig to locate Utilities where identified on drawings or flagged in filed
☐ Hand dig only

☐ Approved
☐ NOT Approved – Reason:

Director of Engineering & Utilities or
Director of Facilities Planning or
Director of Physical Plant