UNIVERSITY OF NOTRE DAME
FACILITIES DESIGN AND OPERATIONS

Permit Requests will not be accepted more than 10 WORKING DAYS prior to the start of work

UTILITIES EXCAVATION PERMIT REQUEST

Submit this form via email to: utilitylocates@nd.edu **Utilities Office phone: 574-631-6594**

PART A - REQUEST **SECTION I - REQUESTING PARTY** **No:**

Firm Name:		**Date:**		**County:**	St. Joseph
Street Address:		**Time:**			(Please circle)
City, State, Zip:				**Township:**	Portage or Clay
Contact Person:		**Cellular:**		**Email:**	

SECTION II - CONTRACTOR INFORMATION

Project Name:					
Contractor:		**Contact:**			
Prime Contractor:			**Phone:**		
IUPPS #: 1-800-382-5544		**Permit Type:**	**NEW**	**REMARK**	**EXTENSION**
IUPPS Reference No:		(please circle)			

SECTION III - UNIVERSITY OF NOTRE DAME CONTACT

Department:		**Contact:**		**Phone:**	

SECTION IV - SCOPE OF WORK

Requested Start Date:		**Requested Start Time:**			
Location:					
UND Plat Drawing No.					
Description of Work:					
Site Meeting: (circle one)	**NO**	**YES**			
Depth of Construction:					
Means of Excavation:	**Boring**	**Augering**	**Drilling**	**BY HAND**	**Other:**
Sequence of Work:					
Estimated Completion Date:					

PART B - EXCAVATION PERMIT

The following utilities have been either marked or determined to be all clear for the areas and type of construction requested in Part A.

	MARKED	**CLEAR**		**MARKED**	**CLEAR**	
Water						Primary Electric
Chilled Water						Secondary Elec./Site lighting
Steam						Fire Alarm
Tunnel						Storm/Sanitary Sewers
Irrigation-UND						Telephone: ATT
Irrigation-Athletic						Cable: Comcast
Irrigation-Golf						Other:
Gas						ND IT/Fiber
AEP						ND Phone

Work may not commence before:				**Permit Expiration Date (20 days after issue)**	
Date:		Time:		**Work Order #:**	
Permit Granted by:				Time:	
Emailed Completed Permit to:				Date:	

Updated 8/1/2025