

Project Team Schedule

Project Name: _____ **PL:** _____

Please provide complete project team contact information. You may "N/A" Utilities Contractor if not part of project, but please no "to be determined (TBD)." Meetings will only be scheduled for complete teams.

Role/Company	Representative Name	Telephone	Email
<u>Developer/Owner:</u>			
<u>General:</u>			
<u>Site/Earthwork:</u>			
<u>Utilities:</u>			
<u>Engineer (EOR):</u> EOR PM contact(s) EOR onsite representative EOR admin. contact			

Selection of the backfill/bedding method(s) for utilities installation

- ☐ Mechanically screen onsite fill
- ☐ Import suitable fill
- ☐ Full time inspection
- ☐ Geotechnical certification

Construction Schedule

- ☐ Overall project: start date: _____ completion date: _____
- ☐ Utilities portion: start date: _____ completion date: _____

Right-of-Way permit #, if applicable: _____

Building permit #, if applicable: _____