

Financial Project ID:	Federal Project ID:
County:	State Road No.:
District Document No:	
Utility Agency/Owner (UAO):	

A. Summary of Utility Work And Execution

	Estimated Time (calendar days)
Total Time Prior To FDOT Project Construction	_____
Total Time During FDOT Project Construction	_____

~~This document has been developed as the method for a Utility Agency/Owner (UAO) to transmit to the Florida Department of Transportation (FDOT), the FDOT's Contractor, and other right-of-way users, the location, relocation, adjustment, installation, and/or protection of their facilities, on this FDOT project. This work schedule~~ The following data is based on FDOT preliminary construction plans dated _____. Any deviation by the FDOT or its contractor from the plans, as provided, may ~~render void~~ render void this work schedule. ~~Upon notification by FDOT of such change, this utility UAO may require additional days for assessment and negotiation of a new work schedule. This UAO is not responsible for events beyond the control of the UAO that could not reasonably be anticipated by the UAO and which could not be avoided by the UAO with the exercise of due diligence at the time of the occurrence.~~ The UAO agrees to notify the Department in writing prior to starting, stopping, resuming, or completing work.

UAO Project Representative: _____	Telephone Number: _____
UAO Field Representative: _____	Telephone Number: _____

This document is a printout of an FDOT form maintained in an electronic format and all revisions thereto by the UAO in the form of additions, deletions or substitutions are reflected only in an Appendix entitled "Changes to Form Document" and no change is made in the text of the document itself. Hand notations on affected portions of this document may refer to changes reflected in the above-named Appendix but are for reference purposes only and do not change the terms of the document. By signing this document, the UAO hereby represents that no change has been made to the text of this document except through the terms of the appendix entitled "Changes to Form Document".

You MUST signify by selecting or checking which of the following applies:

No changes to forms document.

Appendix "Changes to Forms Document" is attached. ____ Number of Attachment Pages.

Authorized Utility Agent:	**Engineer of Record (EOR):	Acceptance by District Utilities:
_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Printed Name)	(Printed Name)	(Printed Name)
_____	_____	_____
(Title)	(Title)	(Title)
_____	_____	_____
(Date)	(Date)	(Date)

(**When requested by ~~the District~~ FDOT, the EOR will attest to the compatibility of this work schedule with of the plans and specifications and Utility Work Schedule)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
UTILITY WORK SCHEDULE

Financial Project ID:		Federal Project ID:	
County:		State Road No.:	
District Document No:			
Utility Agency/Owner (UAO):			
B.	Special Conditions / Constraints		

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
UTILITY WORK SCHEDULE

Financial Project ID:		Federal Project ID:		
County:		State Road No.:		
District Document No:				
Utility Agency/Owner (UAO):				
C.	Disposition of Facilities (List All Existing & Proposed) on Project:			
UTILITY FACILITIES BY STATUS/ TYPE/SIZE/MATERIAL/OFFSET TO BASELINE FROM STA TO STA	DESCRIPTION OF UTILITY WORK	DEPENDENT ACTIVITIES	M.O.T. PHASE NUMBER	CONSECUTIVE CALENDAR DAYS