

	← Date	Preliminary Utility Summary
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Please return this form with comments and concerns within ONE week of the above date.

The South Carolina Department of Transportation recently sent you a project notification letter with respect the following:

SCDOT Project ID: \_\_\_\_\_

SCDOT Project Title: \_\_\_\_\_

Location / County: \_\_\_\_\_

In regards to the project schedule, we expect the following timelines:

Preliminary Concept Plans: \_\_\_\_\_

Right of Way/Drainage Plans: \_\_\_\_\_

Utility Kickoff Meeting: \_\_\_\_\_

Scheduled Project LET Date: \_\_\_\_\_

At this time SCDOT does not anticipate any schedule changes for this project.

To assist us please advise us of any significant information, changes or concerns:

(Please verify the attached utility contact list)

Utility Name: \_\_\_\_\_

Utility Contact/s: \_\_\_\_\_

Address Changes: \_\_\_\_\_ or N/C

Phone / Email Changes: \_\_\_\_\_ or N/C

Have Existing Facilities: \_\_\_\_\_ (yes or no)

May Have Prior Rights: \_\_\_\_\_ (yes or no)

Restrictions/Major Impact: \_\_\_\_\_

Anticipated Future Facilities: \_\_\_\_\_

Need In Contract Services: \_\_\_\_\_ (yes / no / maybe)

Please use space below to describe major restrictions / major impacts / anticipated future utilities.

Please attach any company standards or guideline restrictions.