

UTILITY RELOCATION QUESTIONNAIRE AND PERMIT APPLICATION (D-4181) INSTRUCTIONS

Page 2 of 4 - Complete the project information (MPMS No., County, State Route (S.R.) & Section, etc.) in the upper right hand of the form.

- Item 1 – List the utility’s legal name, address, SAP Vendor Number and FID Number.
- Item 2 – Identify the type of facility, composition of existing facility, year installed and if an uncased pipeline crossing is required.
- Item 3 – Identify if the facilities are affected (to include being overtaken) by the highway project. If no, please sign, date and return the form. If yes, please complete the remainder of the form.
- Items 4 – Identify if a temporary construction is required to maintain service. If so, provide the reason with the scope of work.
- Item 5 – Give the total estimated number of calendar days for physical construction (see Form D-4181 UC for a breakdown of calendar days).
- Item 6 – Identify if there are any conditional restrictions (i.e. seasonal shutdown, certain times of day or week a facility can be shutdown, acquisition of State Right-of-Way, demolition of buildings). If yes, please include them on the D-4181-UC form.
- Item 7 – Identify if a utility relocation highway occupancy permit (URHOP) will be required. If yes, please complete the additional sheets as needed starting with sheet 3 of 4.
- Item 8 – Identify if traffic control is necessary. If yes, please attach a copy of the appropriate traffic control figure from Publication 213, *Temporary Traffic Control Guidelines*.
- Sign and date the form.

Pages 3 & 4 of 4 - Complete the project information

- State Route – Identify the state route for the proposed facilities.
- Limited Access – Identify if the proposed facilities will be within limited access right-of-way.
- Private Status – Identify if private status is requested for the proposed facilities.
- Type of Occupancy – Identify the type of occupancy for the proposed facilities. See the definitions of Type of Occupancy on the top of page 3 of 4.
- Stations (s) or Segment & Offset – Identify the location of the proposed facilities.
- LF/RT – Identify if the proposed facilities are left or right of the highway centerline. See the drawing at the top of page 3 of 4.
- C/L to Facility – Identify the distance from the highway centerline to the proposed facility. See the drawing at the top of page 3 of 4.
- Facility to R/W Line – Identify the distance from the proposed facility to the right-of-way line.
- Type of Guiderail – Identify the type of existing or proposed guiderail.
- Distance Behind Guiderail – Identify the distance by the existing or proposed guiderail. See the drawing at the top of page 3 of 4.
- Distance Behind Curb or Edge of Pavement – Identify the distance behind the curb or edge of pavement. See the drawing at the top of page 3 of 4.
- Pole No./Pipe Size Etc. – Identify the pole number or pipe size.
- If needed use page 4 of 4 to list additional information.

D-4181 (6/09)



**UTILITY RELOCATION
QUESTIONNAIRE
AND
PERMIT APPLICATION**

COUNTY _____
CITY, BORO, TWP _____
ROUTE & SECTION _____
FEDERAL PROJ. NO. _____

1. _____ is a Legal Entity qualified to do business in the Commonwealth of Pennsylvania, with its principal place of business located at _____, Pennsylvania.
ADDRESS _____

SAP Vendor Number _____ and FID Number _____.

- 2. Type of Facility:

<input type="checkbox"/> Aerial	<input type="checkbox"/> Underground
<input type="checkbox"/> Electric	<input type="checkbox"/> Water
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Sewer
<input type="checkbox"/> Cable TV	<input type="checkbox"/> Petroleum Products
	<input type="checkbox"/> Steam
	<input type="checkbox"/> Gas
	<input type="checkbox"/> Other

Composition of existing facility: _____

Year existing facility(s) installed: _____

If applicable, will the requested underground utility crossing be uncased? Yes No
(If Yes, include a certification that states: "I hereby certify that the uncased pipeline crossing(s) meet or exceed the current provisions for uncased pipeline crossings contained in Design Manual Part 5.")

- 3. Are facilities affected by highway construction?

<input type="checkbox"/> No (sign, date and return)	<input type="checkbox"/> Yes (answer questions 5 through 10)
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4. Will temporary construction be required to maintain service? Yes No

5. Total estimated number of calendar days for physical construction _____ (see Form 4181 UC for breakdown)

6. Are there Conditional Restrictions that impact adjustment of facility? Yes No
(i.e., seasonal shutdown, certain times of day or week a facility can be shutdown, acquisition of State Right-of-Way, demolition of buildings?)

7. Will a highway occupancy permit be necessary? Yes No
(If yes, complete additional sheets as needed, starting with sheet 3 of 4.)

8. Will Work Zone Traffic Control be necessary? Yes No
(If yes, attach a Traffic Control Plan consistent with Publication 213).

I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief.

Signature & Title Date

Name /Title

