

**GDOT Design-Build Project  
Utility Analysis Preliminary Routing Report**



Project Contact Person - Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
County: \_\_\_\_\_ Project #: \_\_\_\_\_ Date \_\_\_\_\_

**Form Purpose**

The purpose of this form is to provide proposing Design-Build teams with some additional information regarding possibly affected utilities. This form is in addition to SUE plans and MOUs; and is provided for information only. Days included in this form are Calendar Days. By providing as much of the requested information on one form below for each utility owner, it is expected to reduce some inquires made by the proposing Design-Build teams by providing consistent information to all proposed bidders.

**Existing Conditions (Please complete additional forms for multiple facilities)**

1. General locations, to include material sizes, casings and other pertinent information: \_\_\_\_\_  
\_\_\_\_\_
2. Has the SUE information been verified?  No  Yes
3. To the best of your knowledge are there any discrepancies in the SUE information?  No  Yes  
If so, please list: \_\_\_\_\_  
\_\_\_\_\_
4. To the best of your knowledge has anything been changed/added since SUE was completed?  No  Yes  
If yes please list: \_\_\_\_\_  
\_\_\_\_\_

**Proposed Resolutions**

1. Describe potential conflict points: \_\_\_\_\_  
\_\_\_\_\_
2. Is there a potential for facilities to be retained?  No  Yes
3. Utility information was verified by: Utility Plat Maps/Records  Yes  No      Field Located and Surveyed:  Yes  No
4. Will test holes be recommended?  No  Yes

**Resolution Conditions (As Determined by the Utility Owner)**

1. Utility Facility is in:  GDOT R/W  Other Public R/W  Easement (attach)  Not in R/W  TBD
2. Seasonal and/or Contractual Limitations?  No  Yes If yes, Describe: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any material requirements?  No  Yes, list any utility owner material special requirements or comments:  
\_\_\_\_\_  
\_\_\_\_\_  
Who has material cost responsibility? Utility Owner  DB Contractor
4. Estimated number of days required to perform relocation activities: Design: \_\_\_\_\_ Days Construction: \_\_\_\_\_ Days
5. Are there Construction Details and/or design manuals unique to this location?  No  Yes, describe: \_\_\_\_\_  
\_\_\_\_\_
6. Utility facility can only be disconnected for: \_\_\_\_\_ Days/Hours
7. Estimated Conceptual Cost: Design \$ \_\_\_\_\_ + Construction \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
**(Please refer to the MOU for cost responsibility)**

**Comments Section/Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer: This form is provided for information only. All attempts have been made to provide reliable information based on the Design-Build costing plans or other Design-Build scoping documents. Refer to the contract documents, which include the Utility MOUs, for the scope of work and for specific contract requirements.**