

PROJECT TITLE
 PLAN TYPE & PHASE/PARCEL No.
 (Location, Street Address/Cross Roads)
 Section, Township & Range

OWNER

Company _____
 Contact Person _____
 Address _____
 City, State Zip _____
 PHONE: _____
 FAX: _____

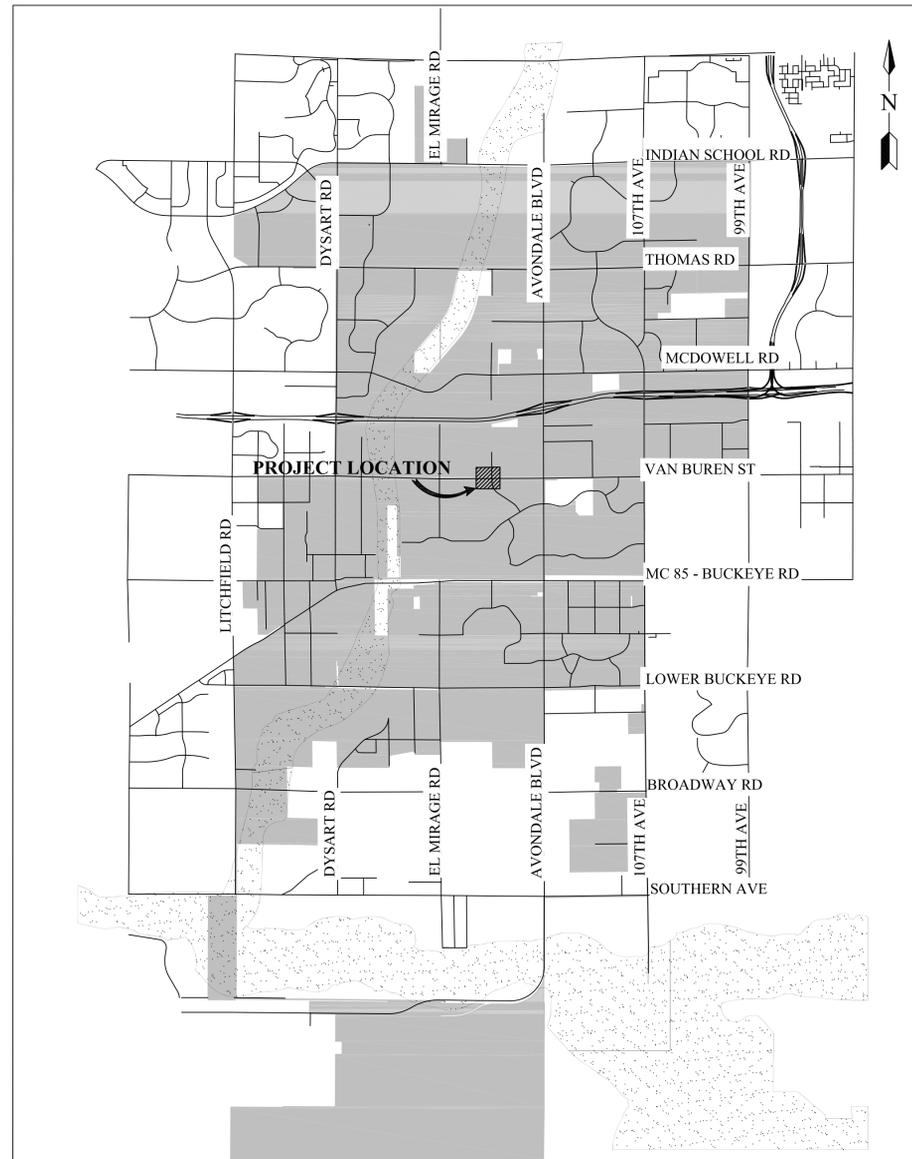
ENGINEER

Company _____
 Contact Person _____
 Address _____
 City, State Zip _____
 PHONE: _____
 FAX: _____

BENCHMARK:

BENCHMARK IS
 INTERSECTION OF
 ELEVATION _____
 DATE SHOT: _____

VICINITY MAP



QUANTITIES		
PERMIT QUANTITIES	QUANTITY	UNIT
TELECOM PL BORE PIT / SLICE PIT		EA
TELECOM PL BORE PIT / SLICE PIT SOFT LANDSCAPE		EA
TELECOM PL HANDHOLE / PULL BOX / VAULT		EA
TELECOM POTHOLE'S SOFTSCAPE		EA
TELECOM POTHOLE'S HARDSCAPE		EA
TELECOM BORE & PL CONDUITS		LF
TELECOM TRENCH & PL CONDUITS (PAVED)		LF
TELECOM TRENCH & PL CONDUITS (UNPAVED)		LF
REMOVE & REPLACE CONCRETE S/W		SF
REMOVE & REPLACE ASPHALT		SY
REMOVE & REPLACE LANDSCAPE		SY
CONTRACTOR QUANTITIES		

RESERVE SPACE FOR
 CITY APPROVAL
 STAMP

Utility Conflict Notification Block

THESE PLANS HAVE BEEN SUBMITTED TO THE FOLLOWING UTILITY COMPANIES. WHERE THE WORK TO BE DONE CONFLICTS WITH ANY OF THESE UTILITIES, THE CONFLICTS SHALL BE RESOLVED AS SPECIFIED IN THE SPECIAL NOTES AND/OR AS OTHERWISE NOTED ON THESE PLANS. CONFLICTS ARISING DURING THE COURSE OF CONSTRUCTION FROM UNFORESEEN CIRCUMSTANCES SHALL BE REPORTED TO THE INTERESTED UTILITY COMPANY AND BE RESOLVED BY THEM AND THE DESIGN ENGINEER.

SALT RIVER POWER DISTRICT	_____	_____
	COMPANY REPRESENTATIVE	DATE
ARIZONA PUBLIC SERVICE	_____	_____
	COMPANY REPRESENTATIVE	DATE
CENTURY LINK	_____	_____
	COMPANY REPRESENTATIVE	DATE
COX COMMUNICATIONS	_____	_____
	COMPANY REPRESENTATIVE	DATE
SOUTHWEST GAS	_____	_____
	COMPANY REPRESENTATIVE	DATE
SALT RIVER IRRIGATION DISTRICT	_____	_____
	COMPANY REPRESENTATIVE	DATE
ROOSEVELT IRRIGATION DISTRICT	_____	_____
	COMPANY REPRESENTATIVE	DATE
KINDER MORGAN	_____	_____
	COMPANY REPRESENTATIVE	DATE

SHEET INDEX:

XXX
 XXX

"AS-BUILT CERTIFICATION"

I HEREBY CERTIFY THAT THE "AS-BUILT" INFORMATION SHOWN HEREON WAS OBTAINED UNDER MY DIRECT SUPERVISION AND IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED LAND SURVEYOR _____ SEAL _____
 REGISTRATION NUMBER _____ DATE _____
 COMPANY NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP CODE: _____
 PHONE NUMBER: _____

NOTE:

ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE MOST RECENT EDITION OF THE CITY OF AVONDALE 'S SUPPLEMENT TO THE M.A.G. UNIFORM STANDARD SPECIFICATIONS AND DETAILS FOR PUBLIC WORKS CONSTRUCTION; CURRENTLY ON FILE AND AVAILABLE ONLINE AT THE CITY OF AVONDALE'S WEBSITE.



(FIRM INFORMATION HERE)	TELECOMMUNICATION PLANS
DEVELOPER/OWNER NAME	PROJECT NAME NAME
PROJECT NO. NAME	PLAN TYPE NAME
SEALED	DATE
ORIGINAL PLAN DATE	LATEST REVISION DATE
SHEET NUMBER	OF
PROJECT NUMBER	XXXX