NATIONAL DEMOLITION ASSOCIATION
PROJECT PRE-START SURVEY

PROJECT INFORMATION
Project Name______________________________ Project Number _____________________
Project Location ____________________________ City ____________________________
Legal Description:____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Plat # __________
State ___________ Zip Code ___________ County ____________________________
Client __________________________________________________________
Client Address _______________________________________________________

Contact(s) _____________________________ Phone # _____________
Owner __________________________________________________________
Owner Address ______________________________________________________
Owner Representative __________________________ Phone # ________________

Required Project Meetings include Dates and Times:
Prestart________________________________________________________
Production______________________________________________________________________
Safety_______________________________________________________________________

Description of Work to be Performed
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is a SCOPE OF WORK included with the Project Survey? YES ___ NO ____
PROJECT SURVEY
Section #1
DESCRIPTION OF STRUCTURE(S) TO BE REMOVED OR ALTERED: (Include separate page for each structure)
Name of Structure __________________________________________ Date of Construction _____/____/____
Location on Site ____________________________________________
Original Function __________________________________________
Length of Structure _______ Width _______ Height _______ Basement Depth________
Structural Framing Construction and Material _____________________________
Foundation Construction and Material _________________________________
Roof Construction and Material _________________________________________
Wall Construction and Material _________________________________________
Floor Construction and Material _________________________________________
Floor loading Design-lb/sq. ft __________

STRUCTURAL CONDITIONS
Structural Alterations Yes ____ No _____ Locations ____________________________
Unusual Structural Conditions Yes ____ No _____ Locations ____________________________
Pre-Stressed Concrete Yes ____ No _____ Locations ____________________________
Post-Tensioned Concrete With Grouted Tendons Yes ____ No _____ Locations ____________________________
Without Grouted Tendons Yes ____ No _____ Locations ____________________________

KNOWN STRUCTURAL HAZARDS
Physical Damage Yes ____ No _____ Locations ____________________________
Structural Failures Yes ____ No _____ Locations ____________________________
Fire Damage Yes ____ No _____ Locations ____________________________

ADJACENT STRUCTURES
Describe Structure & Conditions __________________________________________
Location on Project ________________________________________________
Describe Structure & Conditions __________________________________________
Location on Project ________________________________________________
Describe Structure & Conditions __________________________________________
Location on Project ________________________________________________
Describe Structure & Conditions __________________________________________
Location on Project ________________________________________________
STRUCTURAL STABILIZATION

Temporary Structural Stabilization Required    Yes______ No______
Comments___________________________________________________________________

Structural Failure Prevention Plan _____________________________
____________________________________________________________________________
____________________________________________________________________________

Floors and Roof Shoring Plan _____________________________
____________________________________________________________________________
____________________________________________________________________________

Wall Shoring or Bracing Plan _____________________________
____________________________________________________________________________
____________________________________________________________________________

Overhead Protective Structures or Scaffold Locations Plan _____________________________
____________________________________________________________________________

UTILITIES

UTILITIES TO REMAIN INTACT AND PROTECTED

Describe Utility __________________________________________________
Location on Project __________________________________________________

Describe Utility __________________________________________________
Location on Project __________________________________________________

Describe Utility __________________________________________________
Location on Project __________________________________________________

Describe Utility __________________________________________________
Location on Project __________________________________________________

Describe Utility __________________________________________________
Location on Project __________________________________________________

Describe Utility __________________________________________________
Location on Project __________________________________________________
## UTILITIES TO BE RELOCATED

<table>
<thead>
<tr>
<th>Utility</th>
<th>Yes</th>
<th>No</th>
<th>Subcontracted</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Telephone/Cable relocation</td>
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<tr>
<td>Natural gas relocation</td>
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<tr>
<td>Electrical relocation</td>
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<tr>
<td>Direct current relocation</td>
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<td>Potable water relocation</td>
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<tr>
<td>Industrial water relocation</td>
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<td></td>
</tr>
</tbody>
</table>

## SITE CONDITIONS

### Roadways to be Maintained
- Yes [ ] No [ ]
- Locations
- Comments

### Roadways to be Temporarily Relocated
- Yes [ ] No [ ]
- Locations
- Comments

### Pedestrian Traffic to be Maintained
- Yes [ ] No [ ]
- Locations
- Comments

### Pedestrian Traffic to be Temporarily Relocated
- Yes [ ] No [ ]
- Locations
- Comments

### Temporary Pedestrian Protection Canopy
- Yes [ ] No [ ]
- Locations
- Comments

### Security Closure
- Yes [ ] No [ ]
- Locations
- Comments

### Temporary Fencing
- Yes [ ] No [ ]
- Locations
- Comments

### Silt Fencing Required
- Yes [ ] No [ ]
- Locations
- Comments
Storm Water Runoff Plan Needed Yes____ No _____
Locations
Comments

Storm Water Runoff Plan Completed Yes____ No____ Date ___/___/____
Comments

Other

Project Survey Completed By

Date: _____/_____/_____

Reviewed By

Date: _____/_____/_____

Reviewed By

Date: _____/_____/_____
PROJECT SURVEY

Section # 2
SAFETY AND ENVIRONMENTAL

SPECIAL SAFETY REGULATIONS

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

WORK ZONE SAFETY

Work Zone Traffic Control Plan Completed Yes____ No ____ Date ____/____/____
Temporary Traffic Control Barricades Yes____ No _____
Locations____________________________________________________________________
Comments ___________________________________________________________________
Temporary Traffic Control Signage Yes____ No _____
Locations____________________________________________________________________
Comments ___________________________________________________________________

UTILITY PROTECTION AND PRESERVATION

Underground Piping Yes____ No _____
Locations____________________________________________________________________
Underground Storage Tank Yes____ No _____
Locations____________________________________________________________________
Underground Electrical Ducts Yes____ No _____
Locations____________________________________________________________________
Water Lines Yes____ No ____ Yes____ No _____
Locations____________________________________________________________________
Oxygen Lines Yes____ No ____ Yes____ No _____
Locations____________________________________________________________________
Natural Gas Lines Yes____ No ____ Yes____ No _____
Locations____________________________________________________________________
Telephone and Communication Lines Yes____ No ____ Yes____ No _____
Locations____________________________________________________________________
Aerial Electrical Systems Yes____ No ____ Yes____ No _____
Locations____________________________________________________________________
Electrical Conduits Yes____ No _____ Yes____ No _____
Locations_____________________________________________________

Transformers Yes____ No _____ Yes____ No _____
Locations_____________________________________________________

Manholes Yes____ No _____ Yes____ No _____
Locations_____________________________________________________

Underground Vaults Yes____ No _____ Yes____ No _____
Locations_____________________________________________________

SAFETY HAZARDS

Common or Party Walls Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Energized Electrical Equipment Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Combustible Materials Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Flammable Materials Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Explosion Hazards Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Existing Openings & Fall Hazards Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Basements and Pits Yes ____ No __
Location on Site _________________________________________________
Control Measures _______________________________________________

Trenches & Excavation Exposures Yes ____ No __
Location on Site _________________________________________________
Control Measures

Confined Spaces  Yes ____ No ____
Location on Site  ______________________________________________________
Control Measures  ______________________________________________________

Process Piping & Tanks  Yes ____ No ____
Location on Site  ______________________________________________________
Control Measures  ______________________________________________________

Toxic Substances  Yes ____ No ____
Location on Site  ______________________________________________________
Control Measures  ______________________________________________________

ENVIRONMENTAL HAZARDS

Mercury Vapor Lamps:
Count ______________
Location ______________________________________________________________
Quantity ______________

Sodium Vapor Lamps:
Count ______________
Location ______________________________________________________________
Quantity ______________

Fluorescent Lamps:
Count ______________
Location ______________________________________________________________
Quantity 2ft ________ 4ft ________ 8ft _________ U Shape _________

Ballasts:
Count ______________
Location ______________________________________________________________

Total Weight ____________________ Non PCB _________ Suspected PCB _________
PCB Transformers:
Count _____________
Location ______________________________________________________________
Total Gallons ________________
Total Weight ________________
Highest PCB Concentration ________
Removal Methods _______________________________________________________
Transport & Disposal _________________________________________________

PCB Capacitors:
Count _____________
Location ______________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _________________________________________________

Switches, Thermostats and Relays:
Count _____________
Location ______________________________________________________________
Removal Methods _______________________________________________________
Transport and Disposal ________________________________________________

Emergency Exit Signs:
Count _____________
Location ______________________________________________________________
Removal Methods _______________________________________________________
Transport and Disposal ________________________________________________

Contained Oil:
Quantity _____________
Location ______________________________________________________________
Contaminants __________________________________________________________
Transport & Disposal _________________________________________________
Spilled Oil:
Quantity _____________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _____________________________________________________

Grease:
Quantity _____________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _____________________________________________________

Other Lubricants:
Quantity _____________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _____________________________________________________

Drums & Container:
Count _____________
Contents ______________________________________________________________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _____________________________________________________

Tanks & Carboys:
Count _____________
Contents ______________________________________________________________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _______________________________________________________

Residual & Process Waste:
Vessel or Tank:
Count _____________
Contents ______________________________________________________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _______________________________________________________

Brick or Refractory:
Count _____________
Contents ______________________________________________________
Location ______________________________________________________________
Contaminants __________________________________________________________
Removal Methods _______________________________________________________
Transport & Disposal _______________________________________________________

KNOWN HAZARDOUS MATERIALS

Reported Quantity of Asbestos Containing Material (ACM)
ACM description __________________________________________________________
Friable ________________________________________________________________
Quantity _______________
Location ______________________________________________________________
Non Friable _____________________________________________________________
Quantity _______________
Location _________________________________________________________________

ACM Gaskets & Seals:
Count _____________
Location ______________________________________________________________
Quantity _______________
MSDS Listing from Last Operator  Yes ____ No ____

Hazardous MSDSs

Describe Material

Location

Hazardous Constituents

Control Measures

Removal Methods

Containment Measures

Control Measures

MSDS Listing from Last Operator  Yes ____ No ____

Hazardous MSDSs

Describe Material

Location

Hazardous Constituents

Control Measures

Removal Methods

Containment Measures

Control Measures

Site Safety Hazard Survey Completed By

____________________________________________________________________________

Date: _____/_____/_______

Reviewed By

Date: _____/_____/_______

Reviewed By

Date: _____/_____/_______
PROJECT SURVEY
UTILITY LOCATES and DISCONNECTS
Section # 3

PUBLIC UTILITIES LOCATES

DIG # ___________________

Site Address: ________________________________________________________________

County: ________________ Cross Street: __________________________________________

Contact: __________________________

Scheduled Locate Date: _____/_____/______            Locate Good Until: _____/_____/______

PUBLIC UTILITIES DISCONNECT

NATURAL GAS UTILITIES: ___________________________   PH: # ______________

Meter / Unit #____________________________    Date of Notification     _____/_____/______

Site Address: ________________________________________________________________

County: ________________ Cross Street: __________________________________________

Person Notified: ______________________________________________________________

Scheduled Disconnect Time & Date _________ ___________        _____/_____/______

FOLLOW UP

Person Notified: ___________________________________________ Date: _______________

Comments ___________________________________________________________________

____________________________________________________________________________

FOLLOW UP

Person Notified: ___________________________________________ Date: _______________

Comments ___________________________________________________________________

____________________________________________________________________________

FOLLOW UP

Person Notified: ___________________________________________ Date: _______________

Comments ___________________________________________________________________

____________________________________________________________________________

FOLLOW UP

Person Notified: ___________________________________________ Date: _______________

Comments ___________________________________________________________________

____________________________________________________________________________
Person Notified: ____________________________ Date: ____________
Comments ________________________________________________________________________________

FOLLOW UP
Person Notified: ____________________________ Date: ____________
Comments ________________________________________________________________________________

FOLLOW UP
Person Notified: ____________________________ Date: ____________
Comments ________________________________________________________________________________

Conformation # & Date Disconnect Completed   #___________________  _____/_____/______
Verification Completed Disconnect: ________________________________________________

PUBLIC UTILITIES DISCONNECT   PROJECT #__________________
TELEPHONE UTILITY: PHONE SERVICES    PH: # ______________________
Meter / Unit #____________________________    Date of Notification     _____/_____/______
Site Address: ________________________________________________________________
County: ________________ Cross Street: _________________________________________
Person Notified: ________________________________________________________________
Scheduled Disconnect Time & Date _____________________  _____/_____/______
FOLLOW UP
Person Notified: ____________________________ Date: ____________
Comments ________________________________________________________________________________

FOLLOW UP
Person Notified: ____________________________ Date: ____________
Comments ________________________________________________________________________________

Conformation # & Date Disconnect Completed   #___________________  _____/_____/______
Verification Completed Disconnect: ________________________________________________
PUBLIC UTILITIES DISCONNECT    PROJECT #___________________
CABLE SERVICE COMPANY

NAME: _______________________________________   PH: #______________
NAME: _______________________________________   PH: #______________

Meter / Unit #____________________________    Date of Notification     _____/_____/______
Site Address: ________________________________________________________________
County: ________________ Cross Street: _________________________________________
Person Notified: ______________________________________________________________
Scheduled Disconnect Time & Date _________ ___________        _____/_____/______

FOLLOW UP
Person Notified:___________________________________________ Date: _______________
Comments ___________________________________________________________________
____________________________________________________________________________

Conformation # & Date Disconnect Completed   #___________________  _____/_____/______
Verification Completed Disconnect: ________________________________________________

PUBLIC UTILITIES DISCONNECT    PROJECT #___________________

WATER DEPARTMENT: ___________________________________ PH: #__________

Un-paid Water Cost: $ ____________________    Disconnect Fee: $ ____________________
Meter / Unit #____________________________    Date of Notification     _____/_____/______
Site Address: ________________________________________________________________
County: ________________ Cross Street: _________________________________________
Person Notified: ______________________________________________________________
Scheduled Disconnect Time & Date _________ ___________        _____/_____/______

FOLLOW UP
Person Notified:___________________________________________ Date: _______________
Comments ___________________________________________________________________
____________________________________________________________________________
PRIVATE UTILITIES DISCONNECT

PRIVATE UTILITIES DISCONNECT    PROJECT #_________________
WATER/WELL DISCONNECT

Site Address: ________________________________________________________________
County: __________________ Cross Street: _________________________________________
Date of Contact _____/_____/_____     Scheduled Disconnect Date      _____/_____/______
ESTIMATED COST: $ ____________________         OTHER FEE: $ _________________
SUBCONTRACTOR: ____________________________________________________________
CONTACT: _____________________________________ PH: #_________________________

FOLLOW UP
Person Notified:___________________________________________ Date: _______________
Comments ___________________________________________________________________
____________________________________________________________________________

FOLLOW UP
Person Notified & Date____________ __________________________Date:_______________
Comments ___________________________________________________________________
____________________________________________________________________________

Conformation # & Date Disconnect Done   #_____________________       _____/_____/______
Verification Completed By                __________________________________________

PRIVATE UTILITIES DISCONNECT  PROJECT #___________________
SEWER DISCONNECT

Site Address: ________________________________________________________________
County: __________________ Cross Street: _________________________________________
Date of Contact _____/_____/_____     Scheduled Disconnect Date      _____/_____/______
ESTIMATED COST: $ ____________________          OTHER FEE: $ ____________________
SUBCONTRACTOR _____________________________________________________________
CONTACT: _____________________________________ PH: #__________________________

FOLLOW UP
Person Notified:___________________________________________ Date: _______________
Comments ___________________________________________________________________
____________________________________________________________________________

Conformation # & Date Disconnect Done   #_____________________       _____/_____/______
Verification Completed By                __________________________________________
PRIVATE UTILITIES DISCONNECT  
PROJECT #___________________

SEPTIC DISCONNECT

Site Address: ________________________________________________________________

County: ________________ Cross Street: ___________________________________________

Date of Contact _____/_____/______ Scheduled Disconnect Date _____/_____/______

ESTIMATED COST: $ ____________________  OTHER FEE: $ ____________________

SUBCONTRACTOR: _______________________________________________________

CONTACT: _____________________________________ PH: #_______________

FOLLOW UP

Person Notified: ___________________________________________ Date: ______________

Comments ___________________________________________________________________

____________________________________________________________________________

Conformation # & Date Disconnect Done  #_____________________  _____/_____/______

Verification Completed By  _________________________________________________

Disconnect Form Completed By  _______________________________________________

Date: _____/_____/_______

Reviewed By _______________________________________________________________

Date: _____/_____/_______

Reviewed By _______________________________________________________________

Date: _____/_____/_______

Reviewed By _______________________________________________________________

Date: _____/_____/_______
PROJECT SURVEY
Section # 4
LICENSING, PERMITTING,

PROJECT #___________________

LICENSE

CONTRACTOR LICENSE
Licensing Agency
___________________________________________
Address of Agency
___________________________________________
Agency Contact Person
___________________________________________
Contact Telephone Number
___________________________________________ Ext # ________
Application Submitted By
___________________________________________Title _________
Date Submitted / Fee Paid
__/______/___ Fee $ _________________________
Date Issued / License Number
__/______/___ # ____________________________
Effective Date / Expiration Date
__/______/___ Exp Date _____/_____/____

BONDS

SURETY OR L&P BOND
Bonding Agency
___________________________________________
Address of Agency
___________________________________________
Agency Contact Person
___________________________________________
Contact Telephone Number
___________________________________________ Ext # ________
Application Submitted By
___________________________________________Title _________
Date Submitted / Fee Paid
__/______/___ Fee $ _________________________
Date Issued / Bond Number
__/______/___ # ____________________________
Bond Amount
__________________________
Effective Date / Expiration Date
__/______/___ Exp Date _____/_____/____
Date Submitted / Fee Paid
__/______/___ Fee $ _________________________
Date Issued / Bond Number
__/______/___ # ____________________________
Bond Number / 
Effective Date / Expiration Date
__/______/___ Exp Date _____/_____/____
PERMITTING

STREET USE PERMIT
Permitting Agency ____________________________________________________________
Agency Contact Person ________________________________________________________
Contact Telephone Number _______________________________ Ext # ______________
Application Submitted By _______________________________ Title ________________
Date Submitted / Fee Paid ___/_____/____ Fee $ _________________________
Date Issued / Permit Number ___/_____/____ # _____________________________
Effective Date / Expiration Date ___/_____/____ Exp Date ___/_____/____
Special Permit Conditions ____________________________________________________

ALLEY USE PERMIT
Permitting Agency ____________________________________________________________
Agency Contact Person ________________________________________________________
Contact Telephone Number _______________________________ Ext # ______________
Application Submitted By _______________________________ Title ________________
Date Submitted / Fee Paid ___/_____/____ Fee $ _________________________
Date Issued / Permit Number ___/_____/____ # _____________________________
Effective Date / Expiration Date ___/_____/____ Exp Date ___/_____/____
Special Permit Conditions ____________________________________________________

WALKWAY / PARKWAY PERMIT
Permitting Agency ____________________________________________________________
Agency Contact Person ________________________________________________________
Contact Telephone Number _______________________________ Ext # ______________
Application Submitted By _______________________________ Title ________________
Date Submitted / Fee Paid ___/_____/____ Fee $ _________________________
Date Issued / Permit Number ___/_____/____ # _____________________________
Effective Date / Expiration Date ___/_____/____ Exp Date ___/_____/____
Special Permit Conditions ____________________________________________________
PERMITTING

FIRE HYDRANT USE PERMIT
Permitting Agency
Agency Contact Person
Contact Telephone Number Ext #
Application Submitted By Title
Date Submitted / Fee Paid Fee $
Date Issued / Permit Number #
Effective Date / Expiration Date Exp Date
Special Permit Conditions

MISCELLANEOUS PERMITS
Permitting Agency
Agency Contact Person
Contact Telephone Number Ext #
Application Submitted By Title
Date Submitted / Fee Paid Fee $
Date Issued / Permit Number #
Effective Date / Expiration Date Exp Date
Special Permit Conditions

Permit Form Completed By
Date: ______/_____/_____
Reviewed By
Date: ______/_____/_____
Reviewed By
Date: ______/_____/_____

_________________________
# PROJECT SURVEY

## Section #5

### REQUIRED REGULATORY NOTIFICATION

<table>
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<tr>
<th>NOTIFICATIONS</th>
<th>PROJECT # ______________</th>
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</table>

### ENVIRONMENTAL FILING

#### FED/STATE EPA NOTIFICATION:

- **Name of Agency**: ______________________________________
- **Address of Agency**: ______________________________________
- **Time & Date Written Notifications**: _____________  ____/____/____
- **Written Notifications Completed By**: ______________________________________
- **Agency Contact Person & Telephone**: _____________ Ph: ________________
- **Target Start Date / Completion Date**: ____/____/____  ____/____/____
- **Amount of Fee Paid/Time & Date**: _____________  ____/____/____

#### COUNTY EPA NOTIFICATION

- **Name of Agency**: ______________________________________
- **Address of Agency**: ______________________________________
- **Time & Date Written Notifications**: _____________  ____/____/____
- **Written Notifications Completed By**: ______________________________________
- **Agency Contact Person & Telephone**: _____________ Ph: ________________
- **Target Start Date / Completion Date**: ____/____/____  ____/____/____
- **Amount of Fee Paid/Time & Date**: _____________  ____/____/____

#### CITY EPA NOTIFICATION:

- **Name of Agency**: ______________________________________
- **Address of Agency**: ______________________________________
- **Time & Date Written Notifications**: _____________  ____/____/____
- **Written Notifications Completed By**: ______________________________________
- **Agency Contact Person & Telephone**: _____________ Ph: ________________
- **Target Start Date / Completion Date**: ____/____/____  ____/____/____
- **Amount of Fee Paid/Time & Date**: _____________  ____/____/____
### NON-ENVIRONMENTAL FILING

| Name of Agency | ______________________________________ |
| Address of Agency | ________________________________ |
| Time & Date written notifications | _________________  ____/____/____ |
| Written Notifications Completed By | ______________________________________ |
| Agency Contact Person & Telephone | _________________ Ph: ________________ |
| Time & Date of Telephone Notification | _________________  ____/____/____ |
| Telephone Notification Completed By | ______________________________________ |

### UNDERGROUND TANK REMOVAL NOTIFICATION

| Target Start Date / Completion Date | ____/____/____  ____/____/____ |
| Amount of Fee Paid/Time & Date | _________________  ____/____/____ |
| Permit/Authorization Secured By | ______________________________________ |
| Permit Number | ________________________________ |
| Name of Agency | ______________________________________ |
| Address of Agency | ________________________________ |
| Time & Date written notifications | _________________  ____/____/____ |
| Written Notifications Completed By | ______________________________________ |
| Agency Contact Person & Telephone | _________________ Ph: ________________ |
| Time & Date of Telephone Notification | _________________  ____/____/____ |
| Telephone Notification Completed By | ______________________________________ |
| Target Start Date / Completion Date | ____/____/____  ____/____/____ |
| Amount of Fee Paid/Time & Date | _________________  ____/____/____ |
| Permit/Authorization Secured By | ______________________________________ |

### OTHER REQUIRED NOTIFICATION

| Name of Agency | ______________________________________ |
| Address of Agency | ________________________________ |
| Time & Date Written Notifications | _________________  ____/____/____ |
| Written Notifications Completed By | ______________________________________ |
| Agency Contact Person & Telephone | _________________ Ph: ________________ |
| Target Start Date / Completion Date | ____/____/____  ____/____/____ |
| Amount of Fee Paid/Time & Date | _________________  ____/____/____ |
| Permit Number | ________________________________ |
OTHER REQUIRED NOTIFICATION:

Name of Agency ________________________________

Address of Agency ________________________________

Time & Date Written Notifications _________________ ___/___/_____

Written Notifications Completed By ________________________________

Agency Contact Person & Telephone _________________ Ph: ________________

Target Start Date / Completion Date _____/_____/______ _____/_____/______

Notifications Form Completed By

________________________________________________________________________

Date: _____/_____/_______

Reviewed By ___________________________________________________________________

Date: _____/_____/_______

Reviewed By ___________________________________________________________________

Date: _____/_____/_______