All excavations are to be performed by employees of the Office of Facility Services or by a contractor approved and supervised by the Office of Facility Services in accordance with Operating Instruction 6104 and General Instructions for Excavations (provided upon request). Projects of significant size will require plans and specifications and must be approved by a Registered Engineer or Architect within the Office of Facility Services.

Requestor: ____________________________ Title: _________________________ Date: ____________
Company/Dept. Name: _________________________ Phone: _________________ Fax: ________________

Project Name, Location, and Description:__________________________________________________
Type of Equip. Used: _______________________
Start Date & Time:  __________________________  Estimated Completion Date: ______________________

Provide sketch below (or attach multiple copies of plans) showing: depth, width, and length of excavation with dimensions from trees, walks, drives and buildings. Identify all new lines, structures, and plants to be installed. Give building and street names.

Notification must be given at least 48 hours in advance, but no more than 120 hours, excluding weekends and holidays. Markings are good for ten (10) calendar days, including weekends and Holidays.

Applicant must contact Louisiana One Call @ 1-800-272-3020. Approval is granted subject to the conditions below and Operating Instruction 6104 and General Instructions for Excavations (provided upon request).

Approvers (Sign and Date) (LSU Use Only)
3. B.A.S: ________________________________________  4. Landscape Services: ______________________________
5. Telecom.: ______________________________        6. LSU Cable TV: ________________________________
7. Asoc. Dir. – Utility Ops.: ______________________________

Conditions for Approval:________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________


