**Date:**

***Requested information:***

|  |  |
| --- | --- |
| *Carrier:*  |  |
| *Site Name and Number:*  |  |
| *Site Address:*  |  |
| *Coordinates (Long/Lat):*  |  |
| *Asset Number/Grid ID/Sub Name:*  |  |
| *Is Site Collocated with another carrier (Y/N):*  |  |
| *PSE Escort (Y/N):*  |  |
| *Gate Access requested (Y/N):*  |  |

***Carrier Contact Information:***

|  |  |
| --- | --- |
| Carrier Construction Project Manager:  |  |
| Carrier Construction Project Manager Email:  |  |
| Carrier Construction Project Manager Phone:  |  |

***General Contractor Information:***

|  |  |
| --- | --- |
| Company:  |  |
| GC Onsite Lead:  |  |
| GC Onsite Lead Email: |  |
| GC Onsite Lead Phone:  |  |

***Job Description:***

**Scope of work:**

**Rad Center Height(s):**

**Number of days requested for service provider/safety watch:**

**Vehicles and equipment needed to complete work:**

**Have materials been acquired and prepped for work?**

**If located at a substation, please indicate the number of field trained employees within sub perimeter:**

***Permitting Requirements:***

|  |  |
| --- | --- |
| *Traffic Control Required (Y/N):*  |  |
| *Right of way Permit Required (Y/N):*  |  |

Traffic Control Expiration Date:

ROW Expiration Date:

Anticipated availability of jurisdictional documents (if required, but not yet obtained):

***Schedule Request:***

*We will do our best to accommodate requested dates, however dates are not guaranteed*

|  |  |
| --- | --- |
| Requested Date(s): |  |
| Requested Start Time: |  |

***General Comments:***

***PSE to populate below information:***

|  |  |
| --- | --- |
| **NJUNS TK#:** |  |
| **WO#**(s)**:**  |  |
| **Circuit:**  |  |
| **Transmission switches:** |  |

**Notes:**