



**THIS SHALL BE PLACED ON LOCAL GOVERNMENT LETTERHEAD**

Utilities Certification

Project No:

PI #:

Description:

I hereby certify that the appropriate research, field investigation, design considerations and coordination with the Utility Owners on this project, as indentified in the table below, have been performed, and further certify that all known utility related issues have been indentified and resolved as conforming to 23 CFR, PART 645, SUBPART A. All necessary arrangements have been made for resolution to be undertaken and completed as required for proper coordination with the project’s physical construction schedule.

**Status of Utilities/Railroad**

A. [ ] There are **NO** known utilities within the project limits.

B. [X] There are known utilities within the project limits.

Utility Company	Utility Type	Status 1,2, 3 or 4	Conditional Restriction and Time

**Status 1:** The Utility Owner is in conflict with the project and requires relocation by the Utility Owner during construction requiring coordination with the Contractor and the Utility Owner. The relocations are non-reimbursable and the Utility Owner will be relocating at no cost to the Local Government or the Department.

**Status 2:** The Utility Owner is in conflict with the project and requires relocation by the Utility Owner during construction requiring coordination with the contractor and the Utility Owner. The reimbursable agreement between the Local Government and the Utility Owner is attached.

**Status 3:** The Utility Owner is located within the project limits but requires no relocation work.

**Status 4:** Utility relocation to be incorporated into the highway construction project contract.

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The Georgia Department of Transportation shall bear no cost in the Utility relocation reimbursement for this project. Any Utility Reimbursement Agreement required for construction of this project shall be between \_\_\_\_\_ and the respective Utility Owner. If a previously unknown conflict arises during construction that requires reimbursement, then \_\_\_\_\_ shall be responsible for all such costs.

\_\_\_\_\_  
Signature of an Official of the Local Government

\_\_\_\_\_  
Date

\_\_\_\_\_  
TIA Utility Coordinator

\_\_\_\_\_  
Date