



Date: March 4, 2021

Subject:

Utility Relocation Work Plan for:	COMCAST
Facility Type:	TELECOMMUNICATIONS

Section 1: General Information

A. Project Information

1. Project Name	7th Street Protected Bike Lane
2. Route Number:	From B-Line Trail to Woodlawn Avenue
3. Work Type:	Add protected bike lane to the existing roadway
4. Date Work Plan Needed	01/15/2021
5. Bid Date	January 2021

B. Utility Designated Contact – Information

1. Designated Contact Name:	Richard Miller
2. Office telephone:	317-945-2670
3. Mobile telephone:	317-945-2670
4. Email address:	Richard_Miller3@cable.comcast.com
5. Agency name	COMCAST
6. Address:	1600 West Fountain Dr
7. City, State, Zip Code:	Bloomington, IN 47404
8. Construction Emergency Contact:	
Name:	Scott Templeton
Number:	317-516-2356

C. By signing here, the Utility has determined to the best of their ability that they do not have facilities within the project area:

Signature of Utility Representative

Print Name

Date

Note: A signature by the utility representative at item “(C)” fulfills the requirement to complete the rest of this form and affirms their contact information above is correct

D. Utility Coordinator Contact Information

1.	Utility Coordinator Name:	Josshé Palm
2.	Office Telephone:	317.547.5580
3.	Mobile Telephone:	314.604.0737
4.	Email Address:	utilitycoordination@structurepoint.com
5.	Agency Name:	American Structurepoint, Inc.
6.	Address:	9025 River Road, Suite 200
7.	City, State, Zip Code	Indianapolis, Indiana 46240

Section 2: A narrative description of the facility relocation that will be required.

- A. Describe what types of existing active and inactive facilities are present.
Active underground and Aerial Coax.
- B. Describe the location of existing active and inactive facilities.
Active Underground is front easement and Aerial is mostly rear easement and has Aerial Crossings.
- C. Describe what will be done with existing active and inactive facilities.
We have a confirmation that we are not in conflict in the project areas. I have only one location that would have been questionable. That is at the intersection of N Morton St and W 7th St. This was investigated and determined that it is not in conflict. That being said we will not have to relocate any Comcast lines or equipment.
- D. Describe the details of the proposed new facilities.
N/A
- E. Describe the proposed location of the new facilities.
N/A
- F. By signing here, the Utility has determined to the best of their ability that they have facilities within the project area and the facilities are not in conflict with the project based upon the plans received on **March 4, 2021.**



Richard Miller

March 4, 2021

Signature of Utility Representative

Print Name

Date

Note: A signature by the utility representative at item “(F)” fulfills the requirement to complete the rest of this form and affirms their contact information above is correct.



3. Utility C, with a description of the required work.
- B. A statement whether the facility relocation is or is not dependent on work to be done by the City or the City's contractor with a description of that work.
1. Work item A
 2. Work item B
 3. Work item C
- C. How many calendar days after the events identified in Sec 6 A and B are completed can the utility begin construction:
- D. The number of calendar days to complete the relocation work:

Section 7: A drawing of sufficient detail with station, offset, elevations, and scale to show the proposed location of the facility relocation, which takes precedence over the narrative description of the work, needs to be on Project Construction drawings. ***Plans must be attached to this Work Plan Document.***

Section 8: For each work plan the utility shall include a cost estimate for the facility relocation. For reimbursable work the estimate will identify betterment and salvage which is not reimbursable.

Section 9: For work the utility is entitled to be compensated by the City of Bloomington, the work plan shall include documentation of property interests and compensable land rights.

Section 10: The implementation of this approved work plan is dependent upon the issuance of: (a notice to proceed



will be provided when items in Section 6 are accomplished)

Items Completed	Yes	Not Applicable
An executed reimbursement agreement with INDOT/LPA:	<input type="checkbox"/>	<input type="checkbox"/>
A relocation permit from City of Bloomington:	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Double-click on box in Yes or NA to mark it with an "X")

Submitter Signature

Date

Submitter Name Printed



DESIGN TEAM use only below this point ----- DESIGN TEAM use only below this point

The following sections are to be used by INDOT personnel to review the utility relocation work plan.

Section 11: The Department shall review the work plan to ensure that it: [IAC 13-3-3(e)]

Description	Yes	N/A	Utility Coordinator Initials
(1.a) is compatible with department permit requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J.P.
(1.b) is compatible with the project plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J.P.
(1.c) is compatible with the construction schedule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J.P.
(1.d) is compatible with other utility relocation work plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J.P.
(2.a) has reasonable relocation scheme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J.P.
(2.b) has a reasonable cost for compensable work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J.P.

(Note: Double-click on box under Yes or N/A to mark it with an "X")

Utility Coordinator Signature

03/04/21

Date

Josshe' Palm

Utility Coordinator Name Printed

Section 12: Approved Work Plan. [IAC 13-3-3(f)]

I have reviewed the work plan and have been made aware of the schedule and budget.

Project Manager Signature (LPA Project – ERC Signature)

3/25/21

Date

Kenneth R. Olson

Project Manager Name Printed (LPA Project – ERC Name Printed)