



CITY OF BLOOMINGTON  
UTILITIES

Pre-Con Mtg Date: \_\_\_\_\_  
CBU Inspector: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PRECONSTRUCTION MEETING PACKET**

**GENERAL PROJECT INFORMATION:**

**PROJECT NAME:** \_\_\_\_\_

**CBU PROJECT #:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
 Inside City Limits       County Jurisdiction       IU Jurisdiction

**DEVELOPER:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LAST PLAN REVISION DATE:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Anticipated Completion Date:** \_\_\_\_\_

**BILLING OF FEES:** (Indicate the Responsible Party for each of the following fees)

**TAP FEES:**                       Developer       General Contractor       Sub-Contractor       Other

**CONNECTION FEES:**            Developer       General Contractor       Sub-Contractor       Other

**CONTRACTOR'S CONTACT INFORMATION:**

**GEN. CONTRACTOR:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ (on-site supervisor)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Erosion Control Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SUB. CONTRACTOR 1:      EXCAVATION**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (on-site supervisor)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contracted Work to Complete: \_\_\_\_\_



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**SUB. CONTRACTOR 2: UTILITY INSTALLATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ (on-site supervisor)  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contracted Work to Complete: \_\_\_\_\_

**SUB. CONTRACTOR 3: PLUMBER**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ (on-site supervisor)  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contracted Work to Complete: \_\_\_\_\_

**SUB. CONTRACTOR 4: FIRE LINE / SPRINKLER CONTRACTOR & FL BACKFLOW INSTALLATION**

**IF YOUR PROJECT IS OUTSIDE OF THE CITY OF BLOOMINGTON CORPORATE LIMITS AND SERVED BY A SEPARATE FIRE DISTRICT, CONTACT THE FIRE INSPECTOR FOR THAT AREA TO OBTAIN APPROVAL OF THE FDC LOCATION PRIOR TO INSTALLATION.**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ (on-site supervisor)  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contracted Work to Complete: \_\_\_\_\_  
Unit Type / Model / Size: \_\_\_\_\_  
(See below for any NON-FIRELINE devices)  
Location of Device: \_\_\_\_\_

**SUB. CONTRACTOR 5: NON-FIRELINE BACKFLOW DEVICE INSTALLATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ (on-site supervisor)  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contracted Work to Complete: \_\_\_\_\_  
Number of Backflow Devices: \_\_\_\_\_  
Unit Type / Model / Size: \_\_\_\_\_  
(If multiple devices are being installed; list each separately)  
Unit Type / Model / Size: \_\_\_\_\_  
Location of Device(s): \_\_\_\_\_



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**SUB. CONTRACTOR 6: PRE-TREATMENT UNIT INSTALLATION**

OIL-WATER SEPARATOR: (SEWER CONNECTION)\*       GREASE UNIT: (INTERIOR / UNDERGROUND)

**NOTE: IF THE OWS IS CONNECTED TO THE STORM SYSTEM, SEE THE BMP SECTION BELOW**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (on-site supervisor)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contracted Work to Complete: \_\_\_\_\_

Unit Type / Model / Size: \_\_\_\_\_  
(If multiple devices are being installed; list each separately)

Unit Type / Model / Size: \_\_\_\_\_

Location of Device(s): \_\_\_\_\_

**SUB. CONTRACTOR 7: BMP / WATER QUALITY UNIT INSTALLATION**

Inside City Limits     County Jurisdiction     IU Jurisdiction

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (on-site supervisor)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contracted Work to Complete: \_\_\_\_\_

Check which will be Installed On-Site:     POND       RAIN GARDEN       AQUA-SWIRL

UNDERGROUND DETENTION       OIL-WATER SEPARATOR: (STORM CONNECTION)\*

PERM. PAVERS       OTHER \_\_\_\_\_

Number of BMP's On-Site: \_\_\_\_\_

Unit Type / Model / Size: \_\_\_\_\_  
(If multiple devices are being installed; list each separately)

Location of Device: \_\_\_\_\_

Unit Type / Model / Size: \_\_\_\_\_

Location of Device: \_\_\_\_\_

**SUB. CONTRACTOR 8: BORING / LINE STOPS / LIFT STATION / OTHER**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (on-site supervisor)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contracted Work to Complete: \_\_\_\_\_



PRECONSTRUCTION MEETING PACKET

**PROJECT PLANNING & PERMITTING REQUIREMENTS:**

You may also refer to our website’s “*For Contractors*” section for more information regarding the items listed above. <https://bloomington.in.gov/utilities/review/construction> CBU’s Construction Specifications are also available for download from this page.

1. Does your project include any of the following items? If so, please provide the requested info.

**WORK:**

**CONTRACTOR:**

- Sewer Bypass Plans  YES  NO  N/A \_\_\_\_\_
- Planned Water Interruption  YES  NO  N/A \_\_\_\_\_
- Boring  YES  NO  N/A \_\_\_\_\_
- Lines Stops  YES  NO  N/A \_\_\_\_\_
- Lift Station / Force Main  YES  NO  N/A \_\_\_\_\_
- Project Phasing  YES  NO  N/A \_\_\_\_\_

2. **PERMITS / ROAD CLOSURES:**

**JURISDICTION:**  City  County  IU

**NOTE: CBU WILL NOT DO ANY WORK WITHOUT THE ROW PERMIT #**

<b>PERMIT TYPE:</b>	<b>OBTAINED?</b>	<b>PERMIT # / OTHER INFO</b>
• GRADING PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____
• MOT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____
• ROW EXCAVATION. PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____
• PLANNED ROAD CLOSURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	DATE(S) OF CLOSURE: _____
• ANTICIPATED DATE FOR WATER / SEWER TAPS:	<input type="checkbox"/> N/A	DATE(S): _____
• BUILDING PERMIT(S)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____
• IDEM SEWER PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____ EXP DATE: _____
• IDEM WATER NOI PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	# _____ *EXP DATE: _____

\*PERMIT’S COMPLETION DATE (LINE 17 ON NOI PERMIT APPLICATION)

3. **CONSTRUCTION WATER:**

- Will you need Construction Water for this location?  YES  NO
- Do you currently rent a Temporary Hydrant Meter from CBU?  YES  NO

**You must get pre-approval to use the hydrant meter at any new location. Contact our Meter Services Dept at (812-349-3695 or 812-349-3638) for prior authorization of hydrant usage at this location.**

- Refer to our website for more information on our Updated Hydrant Meter Rental Program, Fees, and the Bulk Water Station. Visit: <https://bloomington.in.gov/utilities/backflow/rental>