CLE®

UTILITY SHUTDOWN REQUEST Application

Project No. _____ Contractor Tracking # _____ - _____ Tracking # _____ - _____

Construction Project: _____ Project Manager: _____

In Case of Emergency call 216-265-6090 at CLE

1. **An application must be received 30 days prior to the utility shutdown time - NO EXCEPTIONS.**
2. A separate application is required for each utility to be shutdown.
3. ***An ASR application must be submitted by the contractor when the USR impacts Airport Operations. Submit both application's at the same time for processing.***
4. Complete the application in its entirety and attach any backup documentation. Incomplete applications may be delayed for processing.
5. The shutdown and restore will NOT occur unless the Contractor is present at the "Specific Location" noted on the application.
6. Utilities will be shutdown and restored by CLE personnel ONLY.
7. CLE personnel will wait no more than 15 minutes at the meeting location for contractor.
8. Shutdown times may change without notice due to airport operational priorities.
9. The Contractor is **RESPONSIBLE FOR CONTACTING Airport Operations,** 30 minutes prior and upon completion**, 216-265-6090**. **NOTE**: Unexpected work that may delay restore time shall be reported immediately to the Airport Operations.
10. Applications received on Saturday and Sunday or after 1:00pm (1300) Monday through Friday will be marked as "RECEIVED" on the following business day.

Type of Utility: _____ Description of Place to Meet: _____

Specific Location: _____

Affected Buildings/Systems: _____

Purpose: _____

Airfield: _____ Terminal: _____ Floor/Level: _____ Landside: _____

(Roadways and Parking Structures)

FIELD CONTACT INFORMATION:

Field Contractor: _____ Field Contact Name: _____

Phone: _____ Email: _____

SHUTDOWN INFORMATION: **RESTORE INFORMATION:** ☐ Restore Only ☐ No Restore

Day: _____ Date: _____ Time: _____ Day: _____ Date: _____ Time: _____

Comments: _____

General Contractor: _____ Contractor Requestor's Name: _____

Phone: _____ Email: _____ Date Submitted: _____

DO NOT WRITE BELOW THIS LINE, FOR SHUTDOWN CONTROL CENTER USE ONLY

Date Received: _____ ☐ Extension Only ☐ ☐ APPROVED Comments:

SCC Select: _____ _____ _____

Shutdown Control Center Manager Date