CITY OF PEORIA

"NO CONFLICT" FORM

PART I OF II

PART I must be completed and submitted with the improvement plans.
PART II must be completed before the Development Engineering Division may approve the improvement plans.

This form has been developed to better coordinate the location of facilities associated with dry utilities relative to improvements proposed on final plan submittals.

PROJECT NAME: _____

PROJECT ADDRESS: _____

ENGINEER: _____

CITY OF PEORIA PLAN CHECK NO.: _____

Please list the utility company name and the date that the improvement plans were sent to each appropriate utility company. The City will provide Utility Conflict Review for the following City of Peoria utilities: water (potable & non-potable), sewer, storm drain, and fiber optic lines.

Utility	Utility Company	Date Sent
WATER (Other than City of Peoria Service Area)		
ELECTRIC		
TELEPHONE		
NATURAL GAS		
CABLE TV		
OTHER (Specify)		

CERTIFICATION:

I, _____, certify that plans have been submitted to the utility
ENGINEER
companies listed in the above table, on the dates listed in the above table, for conflict review.

CITY OF PEORIA

"NO CONFLICT" FORM

PART II OF II

PART I must be completed and submitted with the improvement plans.
PART II must be completed before the Development Engineering Division may approve the improvement plans.

This form has been developed to better coordinate the location of facilities associated with dry utilities relative to improvements proposed on final plan submittals.

PROJECT NAME: _____

PROJECT ADDRESS: _____

ENGINEER: _____

CITY OF PEORIA PLAN CHECK NO.: _____

"NO CONFLICT" STATEMENT:
As a representative of, _____, I certify that I have reviewed the
UTILITY COMPANY NAME
plans for the development proposal named above and, as of today, find no conflicts with regard to any new facilities that my company will need to install to serve this site. I understand that my company must notify the City of Peoria's Inspection Services Department at **(623) 773-7610** a minimum of 24 hours prior to installation of any surface facilities.

NAME OF COMPANY REPRESENTATIVE: _____

TELEPHONE: _____

DATE: _____

DATE ON PLANS: _____