

Construction Work Plan

Due from NTP through Closeout, each TUESDAY before noon for the following week's work

Project #: _____		Project Title: _____		Date Submitted: _____	
General Contractor: _____			For Week of: _____		
Normal Project Hours: Day Shift Hrs: _____			Night Shift Hrs: _____		
Required Attachments for Every Work Plan					
<ul style="list-style-type: none"> • Escort Request Form • 28 Day Schedule • Aerial Map of Work Site & Laydown Areas • FAA 7460 Final Determination Letter (if Applicable) 					
Overall Scope of Work					
Crane Work					
Crane Onsite? Yes No		Boom up over night? Yes No		Crane Height: _____	
7460-1 ASN(s): _____					
Days: S M T W Th F S		Crane Start Time: _____		Crane End Time: _____	
Attach aerial with location of crane work					
Onsite Supervision: _____			Contact Email: _____		
Contact Phone #: _____			Badge Colors: _____		
Vehicle Parking: _____					
Equipment Onsite: _____					
Traffic/Barricades/Flagging: _____					
Permits: _____					
Special Requirements /Comments: _____					
Ongoing Scope of Work Status					
Project NTP Date: _____		Substantial Completion Date: _____		Final Completion Date: _____	
Scope of Work	% of Work Completed	Projected Completion Date	Scope of Work	% of Work Completed	Projected Completion Date

PROJECT #: _____

WORK WEEK: _____

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Weekly Description of Work	
PLANNED UTILITY INTERRUPTION:	
SUNDAY	Hours:
MONDAY	Hours:
TUESDAY	Hours:
WEDNESDAY	Hours:
THURSDAY	Hours:
FRIDAY	Hours:
SATURDAY	Hours:

PROJECT #:

WORK WEEK: