

Utility Name _____

**COST ESTIMATE FOR RELOCATING FACILITIES
DUE TO STATE HIGHWAY IMPROVEMENTS**

Route No. _____

State Contract No. _____

FAP No. _____

Drawing Nos. _____

Description of Adjustments

A. Preliminary Engineering

Salaries and Wages

\$ _____

Additives

Supplies

Transportation

Consultant

TOTAL (A)

\$ _____

B. Right of Way

Acquisition Cost

Salaries

Expenses

Purchase Price

TOTAL (B)

C. Temporary Construction (Installation and Removal)

Labor

_____ Hours (Productive) @ _____

Contract

Material

New Material

(List of Principal Items Attached)

Handling

Transportation and Equipment

Miscellaneous Expense

Salvage Credit (List of Items Attached)

-(_____)_____

TOTAL (C)

D. Permanent Construction

Removal of Existing Facilities

Labor

_____ Hours (Productive) @ _____

Contract

Transportation and Equipment _____

Miscellaneous Expense _____

Installation of New Facilities

Labor

_____ Hours (Productive) @ _____

Contract _____

Material

New Material

(List of Principal Items Attached) _____

Handling _____

Transportation and Equipment _____

Miscellaneous Construction Cost _____

TOTAL (D) _____

E. Transfers or Relocation of
Facilities, Not Replaced

F. Construction Engineering and Supervision
(Statement Showing the Factors That Will
be Included in This Overhead is Attached)

G. Credit for Betterments Installed in New
Facilities (Detail Record Attached)

(_____)

H. Credit for Salvage Value of
Existing Facilities Removed
(List of Principal Items Attached)

(_____)

I. Credit for Expired Service Live
of Existing Facilities Removed
(List of Principal Items Attached)

(_____)

J. Net Estimated Cost (A to I)

\$ _____

K. State Participation (_____ % of J)

\$ _____

L. Federal Participation (_____ % of K)
(If Less Than 100% of K, Explanation is Attached)

\$ _____

Prepared By _____

Date 10/29/2018