

Bill Carr Surveys, Inc.
Request for Construction Staking
 (714) 978-3889

Job Name: _____

Job Number: _____

Contractor Name: _____

REQUESTS ARE TO BE MADE AT LEAST 3 WORKING DAYS PRIOR TO THE TIME OF WHICH THE WORK IS NEEDED.

To be completed by the General Contractor							To be completed by Surveyor		
Priority	Type of Staking	Stakes are...		Location of Staking Line, Station to Station, Lane, Side, etc.	Date:		Date and time area ready for stakes checked by:	Date Staked Set 1 <u>Began</u> Complete	If restake Total Suvey Man Hours
		Orig.	Reset		Area ready for stakes	Stakes will be used			

Requested By: _____ Date: _____ Time: _____
 Contractor Representative.

Contractor Representative Contact Number: _____ --- _____ --- _____
 Area Code

Received By: _____ Date: _____ Time: _____
 Project Construction Manager

Comments: _____

Party Chief