



FOR ADDISON USE ONLY
 Permit Number: W-1061
 Location: 14900 Lake Forest Dr.

APPLICATION

Right of Way Work Permit -PUBLIC UTILITY/CTP
 (For Public Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY

Date of application: 2/10/17

Facility Owner Company: _____ Company Phone #: _____

Utility/CTP Representative: Atmos Energy Cell Phone #: 214-592-2287

General Contractor: Boardwalk Paving Company Phone #: 972-804-9965

Site Supervisor Name: CT 24 hour phone #: 214-837-3375

Work Site Address and Location: 14900 Lake Forest Dr.

Purpose and general description of work: Landing repairs - ST/DJY

Proposed Start Work Date: 2-13-17 Estimated Completion Date: 2-16-17

Pavement Cut? Yes No Directional Bore/Boring? Yes No

Excavation? Yes No Lane Closure? Yes No Other: _____ ? Yes No

Applicant's Printed Name: Stephanio Styler Signature: [Signature] Position with Company: Office Manager

Applicant's Email: Stephanio@boardwalkpaving.com Applicant's Phone Number: 972-804-9965

Direct Supervisor's Printed Name _____ Phone Number _____ Company Name _____

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Received By: [Signature] Entered? Yes Received Date: 2/14/17

Approved By: [Signature] Inspector: JF Issue Date: 2/13/17

Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Expiration Date: 2/27/17

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A

Fee Paid: NA Receipt #: FRANCHISE Date: 2-13-17 Processed By: Michelle S.

Picked Up By: Fernando Company: Boardwalk Date & Time: 2-13-17 11:22AM

TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES
 DEPARTMENT ATTN.: RIGHT OF WAY PERMIT - DAVE WILDE 972-450-2847
 16801 WESTGROVE RD. ADDISON, TX 75001-9010
 PHONE: 972-450-2871 FAX: 972-450-2837

- Paving Completed by Contractor
- 3rd Party Damage
- Permit Required



Pavement & Sidewalk Repair Order

Leak # 563511

Cast Iron Poly

Coated Stl Bare Stl

Permit #: _____ Date Faxed: _____ Due Date: _____

Town: Addison MAPSCO Grid: 15A Address: 14900 Lake Forest Dr.

Capital-Mid-Tex Non-Growth				O & M-Distribution		
PROJECT	TASK	CC	CC	ACCT		
<input checked="" type="checkbox"/> 5' to 99' Main Replacements STL/POLY	CP0.33353	INSTALL	4586		<input type="checkbox"/> Operating-Distribution	
<input type="checkbox"/> Retire Main		RETIRE			<input type="checkbox"/> Other Maintenance-Distribution	
<input type="checkbox"/> Lk Clamps/Encaps/Anerobic Inject-Distrib-Main		INSTALL			<input type="checkbox"/> Maintenance of Main-Distribution	
<input type="checkbox"/> Repair/Replace Service Line		INSTALL			<input type="checkbox"/> Reg / Relief / Other Work-Distribution	
<input type="checkbox"/> Retire Service Line		RETIRE			<input type="checkbox"/> Leak Repair S/L-STL/POLY-Distribution	
<input type="checkbox"/> Lk Mech Coup/Water/Constab--Distrib-S/L		INSTALL				
<input type="checkbox"/> C P Remediation/Anodes/Insulators--Distribution		INSTALL			O & M-Pipeline	
					<input type="checkbox"/> Operating-Pipeline	8580
					<input type="checkbox"/> Other Maintenance-Pipeline	8630
					<input type="checkbox"/> Reg / Relief / Other Work-Pipeline	8570
Capital-Mid-Tex Growth				PROJECT		
<input type="checkbox"/> New Res/Com S/L		INSTALL				
Capital-Pipeline Non-Growth				Project	CP0.33353	Task
<input type="checkbox"/> C P Remediation/Anodes/Insulators--Pipeline		INSTALL		Svc Area	Plano	CO
<input type="checkbox"/> Leak Repair--Pipeline		INSTALL		Acct		CC 4586
						Sub

Description of Work Performed: Replaced damaged section of main

Cut Made By: Atmos Crew/Construction Contractor: Laforest Energy Services Crew #: _____ Date: _____

Atmos Supervisor/ICC: Tony Gutierrez Org #: 214-592-2287 Date: _____

Description of Pavement or Sidewalk Cut	Concrete	Asphalt	Length & Width of Cut	Location				Comments
				Street	Alley	Sidewalk	Driveway	
Cut 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3' x 11'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washed concrete
Cut 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3' x 11'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cut 3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cut 4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cut 5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cut 6	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curb Cut	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Description and Cost of Repairs	Concrete	Asphalt	Length & Width of Cut	Cost per Ft or Sq Ft	Total Cost Per Cut
Cut 2	<input type="checkbox"/>	<input type="checkbox"/>			
Cut 3	<input type="checkbox"/>	<input type="checkbox"/>			
Cut 4	<input type="checkbox"/>	<input type="checkbox"/>			
Cut 5	<input type="checkbox"/>	<input type="checkbox"/>			
Cut 6	<input type="checkbox"/>	<input type="checkbox"/>			
Curb Cut	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Repairs: _____ Additional Repair Cost: _____

Paving Contractor: _____ Total Repair Cost: _____

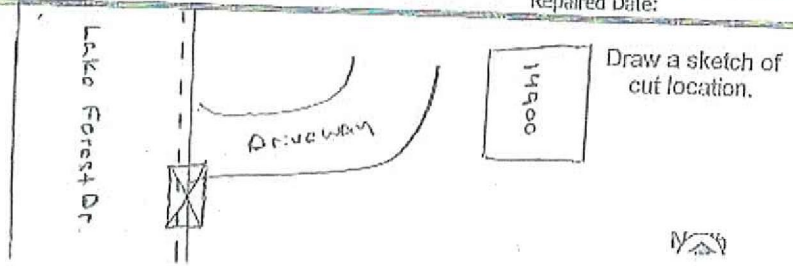
Repaired Date: _____

Caution

Main Depth from Pavement Surface

Feet: 3'

Inches: 10"





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

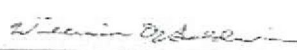
PRODUCER Baldwin-Cox Agency, LLC 5930 Preston View Blvd Ste 200 Dallas TX 75240	CONTACT (NAME) Amy Cole PHONE (BUS. OR EXT.) (972) 644-2688 FAX (BUS. OR EXT.) (972) 644-6035 E-MAIL ADDRESS amy@baldwincoxagency.com
INSURED Boardwalk Paving and Construction, LLC Mark Russell DBA Boardwalk Paving and Construction Blue Construction Equipment, LLC 2920 Industrial Lane Garland TX 75041-2307	INSURER(S) AFFORDING COVERAGE INSURER A Cincinnati Insurance Company 10677 INSURER B Service Lloyds Insurance 43389 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 16-17 Master** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. CTR.	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LMT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROD. <input type="checkbox"/> LOC. <input type="checkbox"/> OTHER		EP90141147	5/15/2016	5/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (EA. OCCURRENCE) \$ 320,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> BIK COMP/DED <input type="checkbox"/> BIK COLL/DED		EP90141147	5/15/2016	5/15/2017	COMBINED SINGLE LIMIT (All accidents) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE GEN. X RETENTIONS 10,000		EP90141147	5/15/2016	5/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROSPECTIVE/ACTIVE/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in NH) <input checked="" type="checkbox"/> YES, EXCEPT UNDER EXCEPTED CLASSES OF OPERATIONS (NEW)	Y/N N N/A	SR2029496-16	5/15/2016	5/15/2017	<input checked="" type="checkbox"/> PER STATE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater Deductible \$1,000		EP90141147	5/15/2016	5/15/2017	Limited Perils: 300,000 Spec. Perils: 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule may be attached if more space is required)

CERTIFICATE HOLDER City of Addison 16801 Westgrove Dr. Addison, TX 75001-5190	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bill Baldwin 
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