



**FOR ADDISON USE ONLY**  
 Permit Number: W-10860  
 Location: 3764 Park Place

**APPLICATION**  
**Right of Way Work Permit-GENERAL**

(General Non-Franchise, Private Development, Work for the Town and Miscellaneous Work)

**PLEASE PRINT LEGIBLY**

Date of application: 3/16/17

Property Owner/Developer Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Property Owner Contact Name: Julie Nudo Phone #: 972-740-9319

General Contractor Name: Doug Miland Phone #: 817-228-6747

Site Supervisor Name: Doug Miland 24 hour phone #: 817-228-6747

Work Site Address and Location: 3764 Park Place Addison, TX

Purpose and general description of work: widen approach to driveway

Proposed Start Work Date: 3/24/17 Estimated Completion Date: 3/27/17

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

Lane Closure?  Yes  No Other: \_\_\_\_\_

Saundra Cooper Saundra Cooper Administrative Assistant  
 Applicant's Printed Name Signature Position with Company

Saundra@milandhomeconstruction.com Miland Home Construction 817-269-2091  
 Applicant's Email Company Name & Phone Number

**FOR ADDISON USE ONLY**

Received By: [Signature] Entered?  Yes Received Date: 3/17/17

Approved By: [Signature] Inspector: [Signature] Issue Date: 3/24/17

Plans Submitted?  Yes  No  N/A Traffic Control Plan submitted?  Yes  No  N/A Expiration Date: 4/7/17

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

<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	_____	Size	_____	@\$	_____	Each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	_____	Size	_____	@\$	_____	Each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	_____	Size	_____	@\$	_____	Each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	_____	Size	_____	@\$	_____	Each = \$	_____
<input checked="" type="checkbox"/> Other (Description)									ROW PERMIT FEE = \$	<u>50.00</u>
									PERMIT FEE TOTAL = \$	<u>50.00</u>

Receipt #: \_\_\_\_\_ Processed By: [Signature]

Picked Up By: Saundra Company: Miland Date & Time: 3-30-17 11:07AM

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



<b>FOR ADDISON USE ONLY</b>	
Permit Number:	<u>W-1086</u>
Location:	<u>3764 Park Pl.</u>

**APPLICATION**  
**Right of Way Work Permit -GENERAL**

(General Non-Franchise, Private Development, Work for the Town and Miscellaneous Work)

**Sub-Contractor List**

**PLEASE PRINT LEGIBLY**

**General Contractor's Name:** Doug Miland **General Contractor's Phone #:** 817-228-6747

**Sub-Contractor #1** Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Sub-Contractor's E-mail: \_\_\_\_\_

Print Site Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Site Supervisor's E-mail: \_\_\_\_\_

Insurance Provided?  Yes  No  On File

**Sub-Contractor #2** Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Sub-Contractor's E-mail: \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Site Supervisor's E-mail: \_\_\_\_\_

Insurance Provided?  Yes  No  On File

**Sub-Contractor #3** Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Sub-Contractor's E-mail: \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Site Supervisor's E-mail: \_\_\_\_\_

Insurance Provided?  Yes  No  On File



Julie Nudo  
3764 Park Place  
Addison, Tx

