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Permit Number: <u>W-1/34</u> Location: <u>1021 Bel</u>4 L

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:				
Property Owner/Developer Name: Refail Plazas	Company Phone #: <u>972 - 250 - 1486</u>			
Property Owner Contact Name: Trey Hodge	Phone #: <u>972 - 250 - 1486</u>			
General Contractor Name: RENCO CONSTRUCTION	Phone #: 214-941-2563			
Site Supervisor Name: TOHN KEY	_24 hour phone #: <u>214-802-169</u> ¥			
Work Site Address and Location: 4021 Belt Line Ro.				
Purpose and general description of work: <u>NEW CONCRETE CURB</u>	ISLANDS			
Proposed Start Work Date: 5/15/17 Estimated Completion Date: 5/25/17				
Pavement Cut? ☐Yes ☑No Directional Bore/Boring? ☐Yes ☑No	Excavation? ⊠Yes □No			
Lane Closure? ☑Yes ☐No Other: CURB CUT				
JOHN KEY John Key	Secretary			
Applicant's Printed Name Signature	Position with Company			
	ction - 214-941-2563			
	y Name & Phone Number			
FOR ADDISON USE ONLY				
Received By: MCC S. Entered? □Yes Received Da	ate: 5-11-17			
Approved By: Deselland Inspector: Je (DU)	Issue Date: 4/10/17			
Plans Submitted? ☐Yes □No □N/A Traffic Control Plan submitted? ☐Yes	□No □N/A Expiration Date: □ 30/17			
	Bond? □Yes □No □On File 💆N/A			
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A C PE	RMIT FEE TOTAL = \$ 50,00			
Receipt #:Processed By:	5.			
Picked Up By: TONN Company: PUNC	Date & Time:			
	31.01 h 1			

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



FOR ADDISON USE ONLY				
Permit Number: W-1/34				
Location: 1021 Ballhare				

## 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: Renco Construction	General Contractor's Phone #: 2(4-941-2563
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:	
*	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	