

FOR ADDISON USE ONLY	
Permit Number: W 1/39	
Location: 3914 Dems	

## **APPLICATION**

#### Right of Way Work Permit -FRANCHISE

(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY Date of Application: 5/16/17	
Facility Owner Company: AT+T	Company Phone #: <u>800 - 9 7 4 - 9470</u>
Utility/CTP Representative: Susan Esquivel	Cell Phone #: 214-467-8276
Utility/CTP Representative E-Mail:	
General Contractor: Tenex Construction	Company Phone #: <u>97-2-913-8883</u>
Site Supervisor Name: Rocky Stockman 2	24-hour phone #: 214-202-9093
Contractor E-Mail address: Bocky@tenex ounstruction. Com Site	
Work Site Address and Location: 3914 Done DR	
Purpose and general description of work: Placement of	Phone Service Drop
	ed Completion Date: 5/30/17
Pavement Cut? □Yes ☑No Directional Bore/Boring? □Yes	s 🗹 No
Applicant's Printed Name Signature	OFFICE MANAGER  Position with Company
Applicant's Email: Kim @ tenex Construction. Com Applicant's F	
Nocky Stockman 214-202-9093  Direct Supervisor's Printed Name Phone Number	Tenex Construction
Supervisor's E-Mail:	Company Name
Received By: Present State Provided By: Present State Present State Provided By: Present State Present Stat	eceived Date: 5.16.16 Issue Date: 3/17/17
Plans Submitted?	
	ance Bond? □Yes □No □On File ☑N/A
Fee Paid: Receipt#: CTP Date: 5 1	7:17 Processed By: Much Si
Picked Up By: Company: The	Date & Time:
TOWN OF ADDISON INFRASTRUCTURE AND DEV DEPARTMENT ATTN.: RIGHT OF WAY PERMIT - DA	ELOPMENT SERVICES VE WILDE 972-450-2847

16801 WESTGROVE RD. ADDISON, TX 75001-9010 PHONE: 972-450-2871 FAX: 972-450-2837



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## **Sub-Contractor List**

#### PLEASE PRINT LEGIBLY

General Contractor's Name: Tenex Construction General Contractor's Phone #: 972-913-8883
Sub-Contractor #1 Company Name: Maydeleno 14 more Z Address:
Print Sub-Contractor's Name: Magde lend Almarez Sub-Contractor's Phone #: 972-872-577) Sub-Contractor's E-Mail:
Print Site Supervisor's Name: Rocky Stockman Supervisor's Phone #: 214-202-9093 Site Supervisor's E-Mail:
Insurance Provided? □Yes □No Insurance Provided Prov
Sub-Contractor #2 Company Name: Ascension Rodriguez Address:
Print Sub-Contractor's Name: Ascension Rodriguez Sub-Contractor's Phone #: 977-394-0971 Sub-Contractor's E-Mail:
Print Supervisor's Name: Rocky Stakman Supervisor's Phone #: 214-702-9093 Site Supervisor's E-Mail:
Insurance Provided? ☐Yes ☐No Mon File
Sub-Contractor #3 Company Name: Tomacito Espinal Address:  Print Sub-Contractor's Name: Tomacito Espinal Sub-Contractor's Phone #: 1 - 214 - 218 - 5241  Sub-Contractor's E-Mail:
Print Supervisor's Name: Rocky Stockman Supervisor's Phone #: 214-202-9093 Site Supervisor's E-Mail:
Insurance Provided? ☐Yes ☐No ☑On File

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

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