



FOR ADDISON USE ONLY

Permit Number: W-1151

Location: 3888 Emerald Ct

APPLICATION
Right of Way Work Permit -FRANCHISE
 (For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY

Date of Application: 6/15/17

Facility Owner Company: AT+T Company Phone #: 800-924-9420

Utility/CTP Representative: Susan Esquivel Cell Phone #: 214-467-8276

Utility/CTP Representative E-Mail: _____

General Contractor: Tenex Construction Company Phone #: 972-913-8883

Site Supervisor Name: Rocky Stockman 24-hour phone #: 214-202-9093

Contractor E-Mail address: Rocky@tenexconstruction.com Site Foreman E-Mail: _____

Work Site Address and Location: 3888 EMERALD CT

Purpose and general description of work: Placement of Phone Service Drop

Proposed Start Work Date: 6/19/17 Estimated Completion Date: 6/30/17

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

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

Kim Hines Kim Hines Office Manager
 Applicant's Printed Name Signature Position with Company

Applicant's Email: Kim@tenexConstruction.com Applicant's Phone Number: 972-913-883

Rocky Stockman 214-202-9093 Tenex Construction
 Direct Supervisor's Printed Name Phone Number Company Name

Supervisor's E-Mail: _____

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Received By: Michelle S. Entered? Yes Received Date: 6.15.17

Approved By: David E. Wilde Inspector: JE Issue Date: 6/19/17

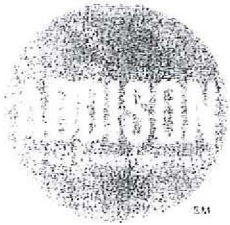
Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Expiration Date: 7/3/17

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

Fee Paid: NA Receipt#: CTP Date: 6.15.17 Processed By: Michelle S.

Picked Up By: Rocky Company: Tenex Date & Time: 3:31 PM
6.20.17

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



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Sub-Contractor List

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General Contractor's Name: Tenex Construction **General Contractor's Phone #:** 972-913-8883

Sub-Contractor #1 Company Name: Magdalena Alvarez **Address:** _____

Print Sub-Contractor's Name: Magdalena Alvarez **Sub-Contractor's Phone #:** 972-872-5271

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 **On File**

Sub-Contractor #2 Company Name: Ascension Rodriguez **Address:** _____

Print Sub-Contractor's Name: Ascension Rodriguez **Sub-Contractor's Phone #:** 972-394-0971

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**

Sub-Contractor #3 Company Name: Tomacito Espinal **Address:** _____

Print Sub-Contractor's Name: Tomacito Espinal **Sub-Contractor's Phone #:** 1-214-218-5271

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**

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