

FOR ADDISON USE ONLY Revised 2/20/14

APPLICATION FRANCE OF THE TOWN and Miscellaneous Work)

PLEASE PRINT LEGIBLY Date of application: 7/2-7//7						
Property Owner/Developer Name: Spectram Time Warner Company Phone #: 214-319-4865						
Property Owner Contact Name: Kevin Causey Phone #: 214-399-428/						
General Contractor Name: 671 Phone #: 971 329 - 9433						
Site Supervisor Name: Dean Miller 24 hour phone #: \$214-277-1149						
Work Site Address and Location: Racetrac 15196 Marsh Ln.						
Purpose and general description of work: Put new cable Service to Customer Proposed Start Work Date: 8-1-17 Estimated Completion Date: 10-1-17						
Pavement Cut? Pavement Cut? Pavement Cut						
Edito Globalot. 2.100 Attack						
Dear Miller Applicant's Printed Name Phone Number Phone Number Signature Field Supervisor Position with Company						
Dmiller Ogardner 100, Com Applicant's Email Company Name & Phone Number						
FOR ADDISON USE ONLY						
Received By: Entered? Dete:						
Approved By: Dest Stelle Inspector: TF Issue Date: 7/31/17						
Plans Submitted? ☐Yes ☐No ☐N/A Traffic Control Plan submitted? ☐Yes ☐No ☐N/A ☐YO, 8/4///7						
Insurance Provided? ☐Yes ☐No ☐On File Performance/Maintenance Bond? ☐Yes ☐No ☐On File ☐N/A						
□WA □SWNumber of connections Size @\$ each = \$ □WA □SWNumber of connections Size @\$ each = \$ □WA □SWNumber of connections Size @\$ each = \$ □WA □SWNumber of connections Size @\$ each = \$ □Other (Description) = \$						
Fee Paid: AReceipt#: Date: 1:3 11 Processed By:						
Picked Up By: Company: Date & Time: 1.01 AIM						
TOWN OF ADDISON INFRASTRUCTURE OPERATIONS AND SERVICES DEPARTMENT ATTN.: RIGHT OF WAY PERMIT - DAVE WILDE 972-450-2847 18801 WESTGROVE RD. ADDISON, TX 75001-9010 PHONE: 972-450-2871 FAX: 972-450-2837						

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Permit Number: W-1184
Location: 15180 Magh Ln.
Revised 2/20/14

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:	General Contractor's Phone #: 9.72-329-993
Sub-Contractor #1 Company Name:	_ Sub-Contractor Phone #: _ 972-8 35- 3525
Sub-Contractor #2 Company Name: Sympto Under ground Print Sub-Contractor's Name: Sympto Ven Fura Print Site Supervisor's Name:	_ Sub-Contractor Phone #:
Sub-Contractor #3 Company Name:	Address:
Print Sub-Contractor's Name:	Sub-Contractor Phone #:
Print Site Supervisor's Name:	24 Hour Telephone #:
Insurance Provided? □Yes □No □On File	

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