

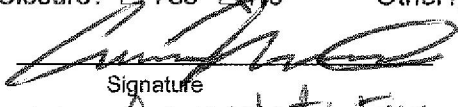


FOR ADDISON USE ONLY  
 Permit Number: W-1201  
 Location: 15101 Addison Rd


**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: 8/15/17  
 Property Owner/Developer Name: Texas De Brazil Company phone #: 972-355-1000  
 Property Owner Contact Name: Same As Above Phone #: \_\_\_\_\_  
 General Contractor Name: KC Constructor Phone #: 972-951-8647  
 Site Supervisor Name: Dylan Courier 24-hour phone #: 409-931-8917  
 Work Site Address and Location: 15101 Addison Road, Addison, Texas 75001  
 Purpose and general description of work: Fire Sprinkler Line Replacement  
 Proposed Start Work Date: 8/15/17 Estimated Completion Date: 8/30/17  
 Pavement Cut?  Yes  No Directional Bore/Boring?  Yes  No  
 Excavation?  Yes  No Lane Closure?  Yes  No Other? \_\_\_\_\_  
Cameron Morrisot  president  
 Applicant's Printed Name Signature Position with Company  
cam@completesprinkler.com Complete Fire Protection 972-226-3164  
 Applicant's Email Company Name & Phone Number

FOR ADDISON USE ONLY

Received By: NS Entered?  Yes Received Date: 8/16/17  
 Approved By:  Inspector: JS Issue Date: 8/17/18  
 Plans Submitted?  Yes  No  N/A Traffic Control Plan submitted?  Yes  No  N/A Expiration Date: 8/31/18  
 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 type="checkbox"/> Other (Description)	<u>Application Fee</u>			= \$ <u>50.00</u>
<b>PERMIT FEE TOTAL</b>				<b>\$ <u>50.00</u></b>

check # 18959

Receipt#: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: DF  
 Picked Up By: Dylan Courier Company: Complete fire Date & Time: 8/21/2017 12:40

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-1201  
Location: 15701 Addison Rd

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

**Sub-Contractor List**

PLEASE PRINT LEGIBLY

General Contractor's Name: KC Construction General Contractor's Phone #: 972-951-2647  
General Contractor's E-Mail: UNKNOWN

Sub-Contractor #1 Company Name: Complete Fire protection Address: 1700 clay Road Sunnyvale, TX 75182

Print Sub-Contractor's Name: Complete Fire protection Sub-Contractor's Phone #: 972-724-3164  
Sub-Contractor's E-Mail: accounting@completesprinkler.com

Print Site Supervisor's Name: Dylan Couricr Supervisor's Phone #: 469-931-8917  
Site Supervisor's E-Mail: dcouricr@completesprinkler.com

Insurance Provided?  Yes  No  On File

Sub-Contractor #2 Company Name: N/A Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor's 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: N/A Address: \_\_\_\_\_

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

Print Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_  
Site Supervisor's E-Mail: \_\_\_\_\_

Insurance Provided?  Yes  No  On File



TOWN OF ADDISON  
INFRASTRUCTURE & DEVELOPMENT SERVICES  
16801 Westgrove Dr.  
Addison, TX 75001  
972-450-2881  
Welcome

001687-0009 Nicole S. 08/31/2017 09:42AM

MISCELLANEOUS

RIGHT OF WAY (ROWPER)	
2017 Item: ROWPER	
1.00 @ 50.00	
RIGHT OF WAY (ROWPER)	50.00
	-----
	50.00
<b>Subtotal</b>	50.00
<b>Total</b>	50.00
CHECK	50.00
Check Number 18959	
	-----
<b>Change due</b>	0.00

Paid by: COMPLETE FIRE PROTECTION, INC

Comments: ROW PERMIT FEE

Thank you for your payment

CUSTOMER COPY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

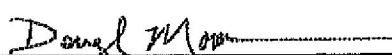
<b>PRODUCER</b> Ward & Moore Ins Services 12700 Park Central Drive Suite 1440 Dallas, TX 75251	<b>CONTACT NAME:</b> Tracie Gafford <b>PHONE (A/C, No, Ext):</b> 214 221-8300 <b>E-MAIL ADDRESS:</b> tgafford@ward-moore.com	<b>FAX (A/C, No):</b> 214 221-8304
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Complete Fire Protection, Inc. 120 Clay Rd Sunnyvale, TX 75182	<b>INSURER A:</b> Nautilus Insurance Co <b>NAIC #</b> 17370	
	<b>INSURER B:</b> Texas Mutual Ins Co <b>22945</b>	
	<b>INSURER C:</b> The Cincinnati Insurance Compan <b>10677</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ECP202098510	02/06/2017	02/06/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			EBA0373136	02/06/2017	02/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			FFX202098610	02/06/2017	02/06/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TSF0001291817	08/09/2017	08/09/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Pollution Liab Professional Liab & Mold			ECP202098510	02/06/2017	02/06/2018	\$1,000,000 Occurrence \$1,000,000 Aggregate \$5,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured endorsement for General Liability & Auto Liability attached.  
 Waiver of Subrogation endorsement for General Liability, Auto Liability & Workers Compensation attached.  
 General Liability Primary & Non-Contributory endorsement attached.  
 Excess Liability is follow form of underlying policies including Pollution, Professional & Mold coverage.  
 30 Day Notice of Cancellation endorsement for all policies attached.

<b>CERTIFICATE HOLDER</b> Town of Addison Infrastructure and Development Serv Dept 16801 Westgrove Rd Addison, TX 75001	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Complete Fire Protection, Inc.

Town of Addison

Right of Way Work Permit

8/17/2017

18959

50.00

Chase Bank

17-087 - Texas de Brazil

50.00