



FOR ADDISON USE ONLY
 Permit Number: W-1203
 Location: 15250 Quorum
 Revised 2/20/14

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: PPF AMLI Quorum Drive, LLC. Company Phone #: _____

Property Owner Contact Name: Taylor Bowen Phone #: 972-265-6700

General Contractor Name: AmlI Development Phone #: 972-265-6794

Site Supervisor Name: Victor Rubio 24 hour phone #: 832-646-0558

Work Site Address and Location: 15250 Quorum Dr. Addison, Tx

Purpose and general description of work: Public and private utility improvements.

Proposed Start Work Date: 08/2017 Estimated Completion Date: _____

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

Lane Closure? Yes No Other: Pipe bursting ? Yes No

Guy Rodriguez 214-949-2596 [Signature] Project Manager
 Applicant's Printed Name Phone Number Signature Position with Company

Grodriguez@amli.com AmlI Development 972-265-6700
 Applicant's Email Company Name & Phone Number

FOR ADDISON USE ONLY

Received By: [Signature] Entered? Yes Received Date: 8/16/17

Approved By: [Signature] Inspector: DWJ/GE Issue Date: 8/19/17

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Exp. 9/1/17

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	<u>1</u>	Size	<u>8"</u>	@ \$	<u>5,000.00</u>	each = \$	<u>5,000.00</u>	
<input checked="" type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	<u>1</u>	Size	<u>6"</u>	@ \$	<u>4,000.00</u>	each = \$	<u>4,000.00</u>	
<input checked="" type="checkbox"/> WA	<input type="checkbox"/> SW	.....	Number Of Connections	<u>1</u>	Size	<u>2"</u>	@ \$	<u>900.00</u>	each = \$	<u>900.00</u>	
<input type="checkbox"/> WA	<input checked="" type="checkbox"/> SW	.....	Number Of Connections	<u>3</u>	Size	<u>8"</u>	@ \$	<u>200.00</u>	each = \$	<u>600.00</u>	
<input type="checkbox"/> Other (Description)												
<u>check # 110694</u>												
									Application Fee	= \$	<u>50.00</u>	
										Total	\$	<u>10,500.00</u>

Fee Paid: _____ Receipt#: _____ Date: 8-23-17 Processed By: [Signature]

Picked Up By: [Signature] Company: amli Date & Time: 8-23-17

TOWN OF ADDISON INFRASTRUCTURE OPERATIONS AND 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: <u>W-1202</u>
Location: <u>15250 Quorum</u>
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: Amli Development General Contractor's Phone #: 972-265-6700

Sub-Contractor #1 Company Name: North Texas Contracting, Inc. Address: 4999 Keller Haslet RD, Keller, TX 76248

Print Sub-Contractor's Name: Andy Nord Sub-Contractor Phone #: 817-430-9500

Print Site Supervisor's Name: Andrew Rolph 24 Hour Telephone #: 817-819-0703

Insurance Provided? Yes No On File

Sub-Contractor #2 Company Name: San Saba Construction Services, Inc. Address: 2475 Glenda Ln, Dallas, TX 75229

Print Sub-Contractor's Name: Ryan Beserra Sub-Contractor Phone #: 214-389-9999

Print Site Supervisor's Name: Ryan Beserra 24 Hour Telephone #: 214 497 5856

Insurance Provided? Yes No On File

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

TOWN OF ADDISON INFRASTRUCTURE OPERATIONS AND 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

Sign In Sheet

Pre-Construction Meeting
 AMLI 15250 Quorum Dr

Site Utilities and Off-Site Sanitary Sewer

08/16/17

	Name	Company	Phone Number	Email
1	DAVE WILDE	TOA	972-450-2849	d.wilde@addisontx.gov
2	JENNY PRAZAK	COBB FENDLEY & ASSOC. INC	972-335-3214	J.PRAZAK@COBFEN.COM
3	Bruce Ellis	Town of Addison	9-450-2888	b.ellis@addisontx.gov
4	Michel Mitchell	Addison Fire Dept	972-450-7221	mmitchell@addisontx.gov
5	Matt Vinten	Land Design	214 703 6009	mvinten@landdesign.com
6	CJ Ponson	Kimley-Horn	972-335-3580	cj.ponson@kimley-horn.com
7	RYAN SAFFORD	KIMLEY-HORN	972-335-3580	ryan.safford@kimley-horn.com
8	Andrew Rolph	North Texas Contracting	817.819.0703	andrew@ntexcon.com
9	Andy Nord	NORTH TEXAS CONTRACTING	817-430-9500	andy@ntexcon.com
10	Greg Rodrowitz	AMLI Development	214-949-2556	grodrowitz@amli.com
11	RYAN BESERRA	SUN SUBA CONSTRUCTION	214-497-5856	ryan@sunsubaconstruction.com
12	Will Guevara	SUN SUBA CONSTRUCTION	214-727-0031	will@sunsubaconstruction.com
13	TAYLOR BOWEN	AMLI	972-265-6766	tbowen@amli.com
14	Gia Brodt	AMLI	972-265-6768	gbrodt@amli.com
15	Olga Chernomoretz	TOA	972-450-2823	ochernomoretz@addisontx.gov
16	Jason Shroyer	TOA	972-450-2849	jshroyer@addisontx.gov
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2017

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).

PRODUCER Box Insurance Agency 1200 S. Main St., Ste 1600 Grapevine TX 76051	CONTACT NAME: Certificate Administrator PHONE (A/C, No, Ext): 817-865-1806 E-MAIL ADDRESS: certificates@boxinsurance.com	FAX (A/C, No): 817-424-1404
	INSURER(S) AFFORDING COVERAGE	
INSURED NORT-T7 North Texas Contracting, Inc. 4999 Keller Haslet Rd Keller TX 76248	INSURER A: The Cincinnati Insurance Co.	NAIC # 10677
	INSURER B: Texas Mutual Insurance Company	22945
	INSURER C: Great American E&S	37532
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 364293888 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes X,C & U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	EPP0448712	7/31/2017	7/31/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PD Deductible/ Occ \$2,000	
A	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	Y	Y	EBA0448712	7/31/2017	7/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EPP0448712	7/31/2017	7/31/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 FOLLOW FORM \$FOLLOW FORM	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	TSF0001120054	7/31/2017	7/31/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Pollution Professional	Y		PCME235470 00	7/31/2017	7/31/2018	Occurrence/Aggrerate \$3,000,000 Occurrence/Aggrerate \$3,000,000 Retention \$25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Excess Liability: Policy #ECO58164427 Ohio Casualty Ins Co. 07/31/2017 TO 07/31/2018 Limit: \$5,000,000 Excess over \$10,000,000
Re: AMLI Addison Project
Cert Holder includes Town of Addison

CERTIFICATE HOLDER AMLI Development Company 260 Peachtree Street NW, Suite 1700 Atlanta GA 30303	CANCELLATION 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
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AMLI Development Company, LLC

TOWN0168

Town of Addison

DATE	INVOICE NO	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE		
8/15/17	CIVIL PERMIT	FEE 11256	10550.00	.00	10550.00		
CHECK DATE	8/15/17	CHECK NUMBER	110694	TOTAL >	10550.00	.00	10550.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

AMLI Development Company, LLC

TOWN0168

Town of Addison

DATE	INVOICE NO	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE		
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PLEASE DETACH AND RETAIN FOR YOUR RECORDS



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

001687-0002 Nicole S. 08/31/2017 09:32AM

MISCELLANEOUS

RIGHT OF WAY (ROWPER)	
2017 Item: ROWPER	
1.00 @ 10,550.00	
RIGHT OF WAY (ROWPER)	10,550.00

	10,550.00
Subtotal	10,550.00
Total	10,550.00
CHECK	10,550.00
Check Number 110694	

Change due	0.00

Paid by: AMLI DEVELOPMENT COMPANY, LLC

Comments: ROW PERMIT AND CONNECTION
FEES

Thank you for your payment

CUSTOMER COPY