

FOR ADDISON USE ONL
---------------------

Permit Number: W-1197

Location: 3850 Vitrus and Western Revised 2/20/14 Park Rdi

## **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: 8-11-17	
Property Owner/Developer Name: Apartment Complex	Company Phone #:
Property Owner Contact Name:	Phone #:
	Phone #: 972-445-1919
Site Supervisor Name: Mike Price	24 hour phone #: 214-797-5416
Work Site Address and Location: Setting up on Park Rd leaving o	ne entrance/exit lane open to the parking garage (3850 Vitruvian Way, Addison, TX)
Purpose and general description of work: Removing	& Replacing AC Units
Proposed Start Work Date: 8/17/17 9am-2pm or earlier E	stimated Completion Date: 8/17/17
Pavement Cut? □Yes เป็No Directional Bore/Bor	ing? □Yes ⊠No Excavation? □Yes ⊠No
Lane Closure? ⊠Yes □No Other:	? □Yes ⊠No
Mike Price 972-445-1919	Risk Mananger
Applicant's Printed Name Phone Number	Signature Position with Company
mprice@crockercrane.net Crocl	ter Crane / 972-445-1919
Applicant's Email	Company Name & Phone Number
	N USE ONLY
Received By: BU in Emal Entered? ♥Yes	Received Date: 8/11/17
Approved By: Devil Inspector: Du	15 Issue Date: 8/10/17
Plans Submitted? ☐Yes ☐No MN/A Traffic Control	Plan submitted? EYes ONO ON/A Oxp. 8/30/17
	e/Maintenance Bond? □Yes □No □Ôn File 💆N/A
□WA □SWNumber Of Connections Size □Other (Description)	@\$each = \$ @\$each = \$
Fee Paid: 450. Receipt#:	Date: 81017 Processed By: 1000.
Picked Up By: Company	
	PERATIONS AND SERVICES DEPARTMENT 3744114 T - 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-1197
Permit Number:
Location: 3850 Vitrusian Way
Revised 2/20/14 Park Pd.

### **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: Crocker Crane	General Contractor's Phone #: 972-445-1919
Sub-Contractor #1 Company Name: Service Response Group	Address: 8200 Northeast Pkwy STE115, N Richland Hills
Print Sub-Contractor's Name: Jimmy	
Print Site Supervisor's Name:"	24 Hour Telephone #:"
Insurance Provided? □Yes □No □On File	
Sub-Contractor #2 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	
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



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2016

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).

CE	rtific	cate holder in lieu of s	uch endors	eme	nt(s).	, -					<del>,,</del>	
PRO	UCE	R					CONTAI NAME:	Amanda				
Cov	eri	ca					PHONE (A/C. No		490-8800	FAX (A/C, No):	(972) 49	0-2255
599	9 9	Summerside					E-MAIL	amanda.	roberson(	CoVerica.com		
		200					7.007.12			DING COVERAGE		NAIC#
Dal			TX 752	52			Mellor			ality Insurance		
INSU		·		<u></u>						ative Insurance		
		quipment LLC dba	Crocker		200	775						
		дитршенс илс сова Вож 141539	CLOCKE	. CI	anc	Tr.E.			<del></del>	surance Company s & Surplus Line		
P.	Ο.	BOX 141339							con exces	2 % 20Thing rive	5	
			mv 750		1539		INSURE					
	ing						INSURE			REVISION NUMBER:		
CO	/EK	AGES	CER C DOLLOGE	OF	MELIE	NUMBER:Crocker 1: RANCE LISTED BELOW HA	VE 050	ALL			HE PO	LICY PERIOD
IN Ci	DICA	ITED. NOTWITHSTAND FICATE MAY BE ISSUE	ing any re d or may	QUIR	EMEI AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	y contract The policie	OR OTHER S DESCRIBE	DOCUMENT WITH RESP D HEREIN IS SUBJECT 1	<u>:</u> C1 10	WHICH THIS
INSR LTR	CLU		NO OF SOCH	ADDL	SUBR WVD	CHALLO OLIOMA INVA CIVAR	· WEET	POLICY EFF (MM/DD/YYYY)	POLICY EXP	ымп	~e	
LTR	12	TYPE OF INSURANC COMMERCIAL GENERAL LI		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		ŝ	1,000,000
	х							ļ		DAMAGE TO RENTED	,	50,000
A		CLAIMS-MADE X	OCCUR							PREMISES (Ea occurrence)	\$	Excluded
	ж	Riggers Liabilit	У			NBG-00881-01		11/5/2016	11/5/2017	MED EXP (Any one person)	\$	
	ж	Contractual Liab	ility							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLI	ES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY * PRO-	roc							PRODUCTS - COMPIOP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE UMIT	\$	1 000 000
	AUT	OMOBILE LIABILITY								(En accident)	\$	1,000,000
В	X	ANY AUTO							None were at an arc	BODILY INJURY (Per person)	\$	
		AUTOS AUT	ros			2LA2CA0000487-01		11/5/2016	11/5/2017	BODILY INJURY (Per accident) PROPERTY DAMAGE	<del></del>	
		HIRED AUTOS AUT	N-OWNED TOS							(Per accident)	\$	
											\$	
	X	UMBRELLA LIAB X	OCCUR							EACH OCCURRENCE	\$	5,000,000
A		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	5,000,000
		DED RETENTIONS	10,000			NBU00357-01		11/5/2016	11/5/2017	1000	S	
		RKERS COMPENSATION EMPLOYERS' LIABILITY								x PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXE	CUTIVE Y/N	NIA					2	E.L. EACH ACCIDENT	\$	1,000,000
С	(Man	idatory in NH)	لـــا	1-111		0001205777		10/29/2016	10/29/2017	E.L. DISEASE - EA EMPLOYE	s	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS	wolad						_	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Exc	cess Umbrella				2LA2CA0000016-01		11/5/2016	11/5/2017	\$5,000,000 Each Occurrence		
				1		limit increase off 3/	14/16			\$5,000,000 Aggregate		
					Ļ					<u> </u>		10
DES	CRIPT	tion of operations / loca	ATIONS / VEHIC	LES	ACOR	D 101, Additional Remarks School	žušo, may	be attached if m	iore space ls red	ulred)		
												(*)
CE	RTIF	ICATE HOLDER					CAN	CELLATION				
												LCO DEFORE
		0:L E % 446. L.								ESCRIBED POLICIES BE EREOF, NOTICE WILL		
		City of Addisc 16801 Westgrov								CY PROVISIONS.		
		Addison, TX 7										
		,					AUTHO	RIZED REPRESE	ENTATIVE			
							L			after m.		-
							R Th	ompson/KC	ORRI			



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

Welcome

001629-0001 Nicole S. 08/16/2017 03:46PM

#### MISCELLANEOUS

RIGHT OF WAY (ROWPER) 2017 Item: ROWPER 1.00 @ 100.00

RIGHT OF WAY (ROWPER)

100.00

100.00

Subtotal

100.00

Total

100,00

CREDIT CARD

100.00

MasterCard \*\*\*\*\*\*\*\*\*2880

Ref=660744601

Auth=038102 201708169395

AID=A000000041010

Invoice=201708169395

AuthCode=038102

Entry=Chip Read

AppLabel=MASTERCARD

ATC=0012

Seq=201708169395

Change due

0.00

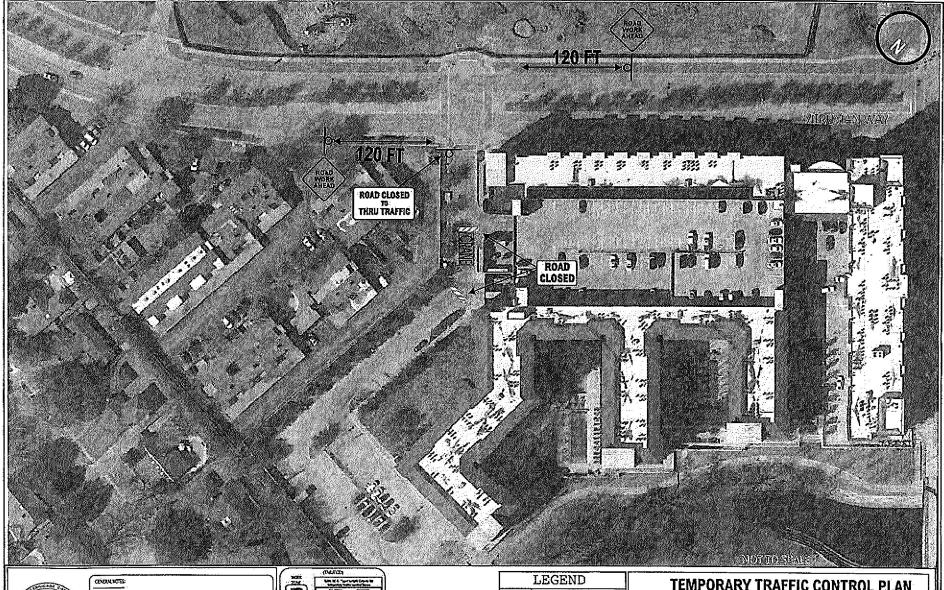
Paid by: CROCKER

Comments: ROW APPLICATION FEES

Signature: \_\_\_\_\_

Thank you for your payment

TOWN OF ADDISON COPY



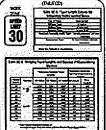


). Commune stall provide and install static control devices in accordance with the industrimention of the Texas Manual on Unitaria Profile Control Devices (PAUSCO).

 This Tempory Polific Landed Par represents the resistant required by brilling conditions from help and then our referre the community from providing whichever traffic control declared at resistant to control staffic.

The Year of the Temporary Indicated First and entering the contract that againgt make count fection & against the first the contract. All courses that follow TAFOD requirements.

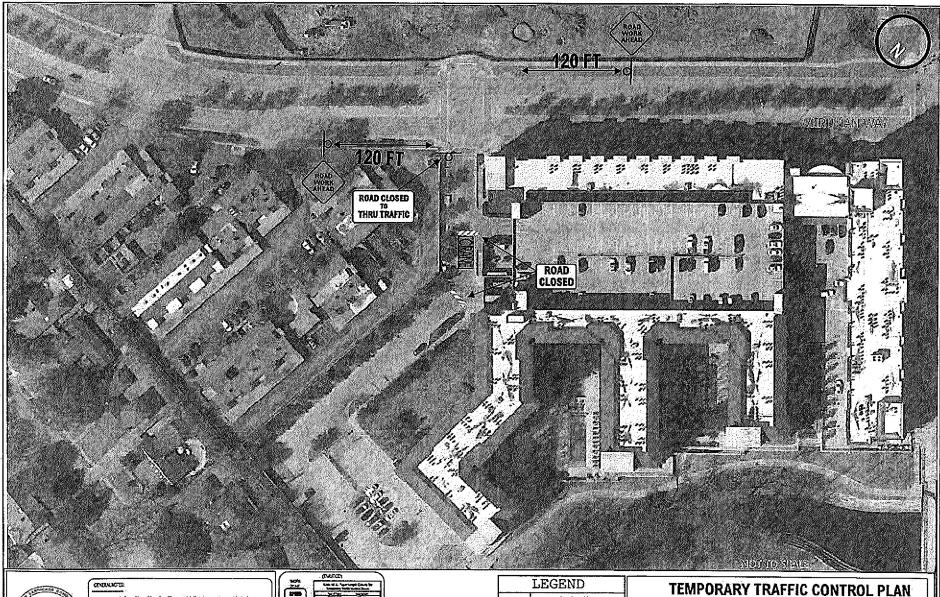
20 years
Transcered the second de contrar on the NU/Conscious Section of the Sect



- II
1 4 1
19
1-2-1
19 10

	TEGEND
0.0.0	Arrow display (flashing)
1.1	ADA Barricada
	Channelizing devices
⇒	Direction of traffic
<u> </u>	Sign
1111	Barricade
386	Work space
a 2	Work truck

TEMPORA	RY TRAFFIC CON	TROL PLAN
Project Name 3850 VITRUVIAN WAY ADDISON, TX		Project Number
Prime Contractor Crocker Crane	Ame	Traffic Control Controdor rican Barricade
Phone 817-318-0003	Sheet Number 01-17329	Deta 8-10-17
Prepared By American	n Barricade Compai	ny, Inc.





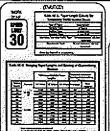
20 years

). Communicated provide and install modes control devices to accordance with the black and the financial control and trained training Control Devices (1980/1915).

. যিটো বিশাসকলা উপনিতি বিবাসনা দিনা পালাকারে যিও পারিকারে সম্পূর্তনার বিশ্ব সামিতি কোনটিকত বিবাসনা বিবাসনা বিবাসনা কর্মকার বিশ্ব সামানকে বিশ্ব স্থান বিবাসনা বিশ্ব স্থানিক বিশ্ব স্থানিক বিশ্ব স্থানিক বি বিবাসনা সংক্রমার বিবাসনা স্থানীক

The Delignate of the Temporary Braile Control Plan is an open level. The extension shall acted at the control Colors & Signape to inflient the work are all discourse that follow TMPO reprintments.

This trafficulted plan and arthod is admitted with the TMANO specifications. The traffic control plan is the All admitted purposed only and is to be a laterated by the authorities higherly the neighbor and approach. But the control plan are reducing a metal appearant / act that remain appearant is too.



	~===	
1 11.5		14
		-
_		
4.00	9	-
1. 1. 1		
	- 2	-
-		
-		10.34
7		Parel

	PEGEND			
202	Arrow display (flashing			
171	ADA Barricade			
	Channelizing devices			
⇔	Direction of traffic			
உ	Sign			
2505	Barricade			
.008	Workspace			
2	Work truck			
	i			

## Project Name 3850 VITRUVIAN WAY ADDISON TX Prime Confractor Project Number

Crocker Crane

Traffic Control Contrador American Barricade

817-318-0003

Shoot Number 01-17329

8-10-17

Prepared By

American Barricade Company, Inc.