



FOR ADDISON USE ONLY
 Permit Number: W-1219
 Location: 4400 Belknap
 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: Hernandez Utilities General Contractor's Phone #: 972-557-5088

Sub-Contractor #1 Company Name: N/A 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 #2 Company Name: N/A 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: N/A 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)
10/12/2016

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).

PRODUCER Independent Insurance Group 3030 LBJ Freeway Ste. 1300 Dallas TX 75234	CONTACT NAME: Allen Sparks
	PHONE (A/C No. Ext.): 972-231-8277 FAX (A/C No.): E-MAIL ADDRESS: donnam@indinsgrp.com
INSURED Hernandez Utilities, LLC Hernandez Leasing, LLC 11500 Long St Balch Springs TX 75180	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: America First Lloyds Ins Co 11526
	INSURER B: Peerless Indemnity Co, 16333
	INSURER C: America First Ins Co 12696
	INSURER D: Netherlands Ins Co 24171
	INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER: 1494623231	REVISION NUMBER:
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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 INSD 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y Y	CBP1002777	10/19/2016	10/19/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - CC/MP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	BA1002779	10/19/2016	10/19/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y Y	CU8877779	10/19/2016	10/19/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC1002778	10/19/2016	10/19/2017	<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	Inland Marine	N N	CBP1002777	10/19/2016	10/19/2017	Leased/Rented \$100,000 Installation \$100,000 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)

The checked ADDL INSR and SUBR WVD boxes refer to the following specific endorsements, copies attached:

General Liability: Blanket Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization Form CG2010 1001; Blanket Additional Insured-Owners, Lessees or Contractors-Completed Operations Form CG2037 1001 (Completion of Form CG2037 10/01 Form 17-59CGL 0694); Blanket Waiver of Transfer of Rights of Recovery Against Others to Us-When Required in a Contract or Agreement with You See Attached...

CERTIFICATE HOLDER

City of Addison Addison Service Center 16801 Westgrove Drive Addison TX 75001-5190	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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ACAS U2L™ Advanced Contract Administration System 

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<input type="button" value="Download Documents"/>	<input type="button" value="Cell Site Info"/>
Work Request: 04809432 VS	Start Date: 09/11/17 00:00
Task Completion: ✓	Complete Date: 09/29/17 00:00
Work Accept Date:	P.O. Date: 08/07/17 00:00
Supplier: HERNANDEZ UTILITIES LLC	Phone:
Coordinator: ks4106 KENNETH SHYKES	Phone: 972-361-4236
Ticket Nbr:	

Job	GEO LOC	Bid Area	Start Date	Comp. Date	Permit No.
A00W9AG	TM8239	CDL01	09/11/17 00:00	09/29/17 00:00	
Desc:	CO- 3 PF- 1 UF- 2230 LIGHT GIG VOLUME BID PROJECT*****SCOPE OF WORK***** JOB A00W9AG; PRINT 1 TASK 1, PRINT 2 INFORMATION ONLY, PRINT 3 TASKS 1 THRU 4, AND PRINTS 4 AND 5 INFORMATION ONLY; CONTRACTOR IS TO CONTACT ANY NEIGHBORHOOD HOA OR APARTMENT/CONDO MANAGEMENT OFFICE BEFORE STARTING ANY WORK. CONTRACTOR IS TO PLACE DOOR TAGS AT ALL HOUSES EFFECTED BY THIS PROJECTS CONSTRUCTION ROUTE, CONTRACTOR IS TO PLACE AT&T YARD SIGNS AT ENTRANCE TO NEIGHBORHOOD, AND AT ENTRANCE TO ANY STREET/ALLEY ALONG PLACEMENT ROUTES. CONTRACTOR IS TO PLACE PFP CABINET AND PAD, PLACE GROUND TREE TO PFP CABINET, PLACE FIBER TAILS FROM PFP TO MH HH, PLACE/BURY 30 OF 40 PVC FROM PFP TO MH HH, CORE DRILL MH HH, ROD/PLACE 2,230 OF FIBER FROM MH4680 TO MH11217, LEAVE ALL SLACK LOOPS AS DESIGNED ON WORK PRINTS, TAG ENDS OF CABLES AND EACH SLACK LOOP WITH THE JOB NUMBER, AND RESTORE ALL AREAS OF EXCAVATION BACK TO ORIGINAL CONDITION. CONTRACTOR IS TO PHOTOGRAPH ALL PLACING ITEMS ONCE COMPLETE AND SEND THE PHOTOS TO THE CC. CONTRACTOR IS TO PLUG/SEAL ALL CONDUITS ON ALL OPEN ENDS. CONTRACTOR WILL BOND AND GROUND ACCORDING TO AT&T QUALITY. ***** CONTRACTOR MUST BE APPROVED TO WORK IN THE CITY AND HAVE PERMIT IN HAND WHILE WORKING IN THE ROW. CONTRACTOR IS TO APPLY FOR ALL PERMITS, UNLESS CITY REQUIRES AT&T TO SUBMIT FOR THE PERMIT. CONTRACTOR MUST NOTIFY CC OF ANY EXISTING FIBER CABLES WITH-IN 10' OF NEW CABLE PLACEMENT. CONTRACTOR MUST HAVE CC PRESENT IF ANY FIBER CABLES ARE IN THIS 10' RADIUS TO SIGN THE DAMAGE PREVENTION FORM. TRENCHING/BORING/EXCAVATION WORK. CONTRACTOR MUST POT HOLE AND PHYSICALLY LOCATE ANY SUCH FIBER CABLES BEFORE STARTING ANY WORK. ***** WORK MUST BE COMPLETED BY THE COMPLETE DATES. THIS IS NOT NEGOTIABLE AND CONTRACTOR WILL DO WHATEVER IT TAKES TO ACCOMPLISH SAME. WORK MAY BE STARTED EARLIER. *****SPECIAL NOTE***** YOU ARE REQUIRED TO GET APPROVAL FROM AN AT&T MANAGER FOR ANY WORK THAT REQUIRES ADDITIONAL COMPENSATION (I.E. CHANGE ORDERS), PRIOR TO STARTING ADDITIONAL WORK. THIS MAY COME TO YOU IN THE FORM OF A VERBAL APPROVAL FROM AN AT&T MANAGER AND IN SOME CASES A SPLICING TECHNICIAN MAY BE INSTRUCTED BY THEIR MANAGER TO DO ADDITIONAL WORK. THIS MUST BE FORWARDED TO THE AT&T MANAGER VIA EMAIL AS SOON AS POSSIBLE. SO WE CAN GET THE CHANGE ORDER PROCESS STARTED. WE WILL NOT WAIT UNTIL A JOB IS COMPLETED BEFORE PROCESSING CHANGE ORDERS. KEEP AT&T CC'S UPDATED WITH PROGRESS OF JOB AND OF ANY ROADBLOCKS. ***** SUPPLIER WILL PROVIDE ALL LABOR, EQUIPMENT, SUPERVISION, WORK AREA PROTECTION, COMPACTION TESTING, MATERIAL TO RESTORE R.O.W., AND ANY MISCELLANEOUS MATERIALS NOT PROVIDED BY AT&T. ALL PRINTS WILL BE EMAILED BY THE CAC OFFICE. CONTACT KEN SHYKES				

AT 912-361-4256.			
City:	ADDISON	County:	DALLAS
Crossroads:	DALLAS MAPSCO 14B		
Loc:	4000 BELTWAY DR		To:

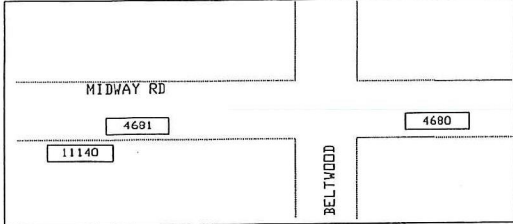
Item	Description	UOM	Quantity	FRC	Bid	FA
LCB152	GROUND TREE - DIRT	EACH	1.00	85C		
LEC105	PLACE PFP - INCL POUR IN PL OR PREFAB PAD - LSMAT	EACH	1.00	85C		
LRD175	PLACE ITEMS IN COND - WITH OR WITHOUT PULL STRING	FOOT	2180.00	85C		
LTR100	TRENCH 30IN -DIRT-HAND-MACHINE DIG PALCE COND AND ITEMS	FOOT	3.00	4C		
LUG125	CORE DRILL UP TO 4IN	EACH	1.00	4C		
Total Bid Amount:						

This Order is submitted pursuant to SBC Agreement No. 3941SW, the incorporated as if set forth fully herein.

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- 1 SB02HR-064
BSM 07 2016
AD401, 337-488
A, 491-730
AD401, 493-488
A, 491-730
C, 739-744
AD401, 745-756
A, 757-816
B, 817-822
A, 823-828
AD401, 829-864
 - 2 SB02HR-576
BSM 688' 2016
AD401, 61-156
A, 97-276
 - 3 SB02HT-072
BSC 2230'
AD401, 157-166
B, 11-72
- SB02HT-072
1 2230 MATERIAL ONLY
2230 RDB AND PLACE ONE CI

Task #	FTI	Materials	Acct Code	Tax Dist	Tax Qty	Not Year
1	*MATL	SB02HT-072	85C	DB009	2230	0



SPECIAL CIRCUITS N
 8203 FORWARDED N
 PERMIT REQUIRED N

NORTH ARROW

OPERATING RANGE OF JOB STEPS
 TASK 1 TO 3
 MFRC 85C

TRANSMISSION ZONE
 RZ 0 CZ 0 TAPER CODE 4452A

CAUTION HIGH VOLTAGE
 KV 7.20 AERIAL Y BURIED N

HIGHWAY PERMIT NO.

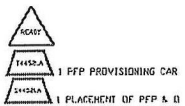
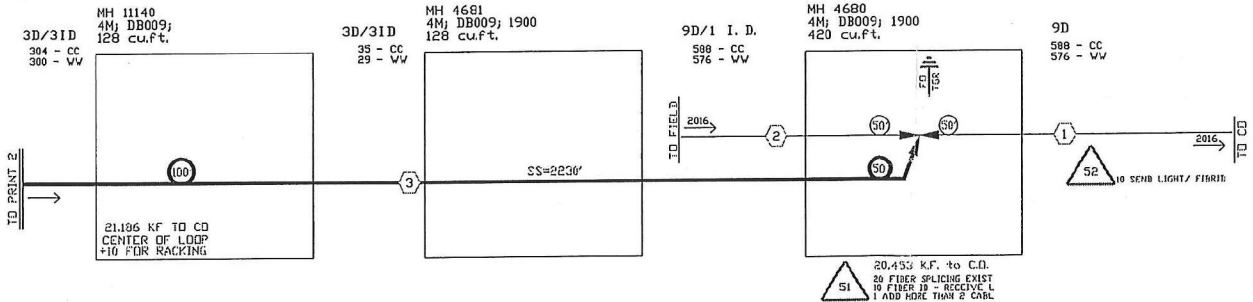
Utility CO IEC - INDR ELECTRIC DELIVERY C
 REP NAME
 REP TEL NO. (800) 666-2614
 POLE CONTACTS (+) 0 (-) 0

Utility CO
 REP NAME
 REP TEL NO.
 POLE CONTACTS (+) 0 (-) 0

Utility CO
 REP NAME
 REP TEL NO.
 POLE CONTACTS (+) 0 (-) 0

PROJECT NO A009AG

TOT. PRINTS 5 PRINT NO. 1
 NPA/NNX: 972-239 PRT-972239
 EXCH. ADDRESS
 TAX DIST. DB009
 GEO LOC. TH8239
 ENGR. THX DRAWN VC
 TELEPHONE NO. (972) 470-5936
 REC. REF. 697-645-55-4
 MAP REF. 14B
 SCALE HDRE
 ISSUE DATE 08/04/2017
 PROJ TITLE GIGAPOWER EXP ILLSTXAD4452LA
 REV. NUMBER
 DATE REV.

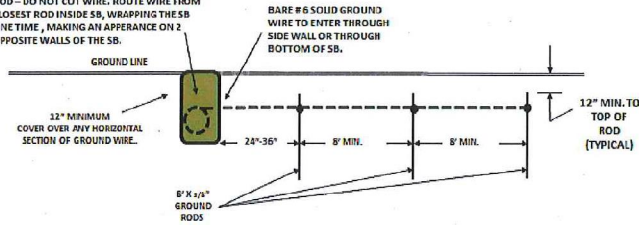
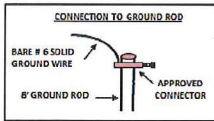


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ASSOCIATED LIGHTING
 DISTRIBUTION PROJECT
 A002134

FIRST GROUND ROD TO BE PLACED NO CLOSER THAN 24" AND NO FURTHER THAN 36" TO/FROM ANY SURFACE OF THE POLE. SECOND AND THIRD GROUND RODS ARE TO BE SEPARATED BY AT LEAST 8 FEET FROM EACH OTHER AND FROM THE FIRST GROUND ROD.
 THE TOP OF EACH GROUND ROD IS TO BE AT LEAST 12" BELOW FINAL GRADE AT THE ROD LOCATION. USE 5/8" DIAMETER, COPPER CLAD, STEEL GROUND ROD - 96" LONG.

LOOP #6 AWG BARE SOLID COPPER GROUND WIRE THRU THE CLAMPS AT EACH GROUND ROD - DO NOT CUT WIRE, ROUTE WIRE FROM CLOSEST ROD INSIDE SB, WRAPPING THE SB ONE TIME, MAKING AN APPEARANCE ON 2 OPPOSITE WALLS OF THE SB.



TWO DAYS BEFORE YOU DIG
 CALL U.S.A. TOLL FREE
 811

ADDED WATER LINE TO PRINT FOR CITY OF ADDISON PERMIT APPLICATION

08/18/2017

SPECIAL CIRCUITS N
 6203 FORWARDED N
 PERMIT REQUIRED Y



OPERATING RANGE OF JOB STEPS

TASK _____ TO _____

MFCR 85C

TRANSMISSION ZONE
 RZ 0 CZ 0 TAPER CODE 4452LA

CAUTION HIGH VOLTAGE
 KV 7.20 AERIAL Y BURIED N

HIGHWAY PERMIT NO.

Utility CO IEDC - INDCOR ELECTRIC DELIVERY C
 REP NAME
 REP TEL NO. (800) 666-2614
 POLE CONTACTS (+) 0 (-) 0

Utility CO
 REP NAME
 REP TEL NO.
 POLE CONTACTS (+) 0 (-) 0

Utility CO
 REP NAME
 REP TEL NO.
 POLE CONTACTS (+) 0 (-) 0

PROJECT NO A00W9AG

TOT. PRINTS 5 PRINT NO. 4
 NPA/NNX: 972-239 PRT: 972239

EXCH. ADDISON

TAX DIST. DB009

GEO LOC. TM8239

ENGR. DWX DRAWN WC

TELEPHONE NO. (972) 470-5936

REC. REF. 697-645-55-4

MAP REF. 14B

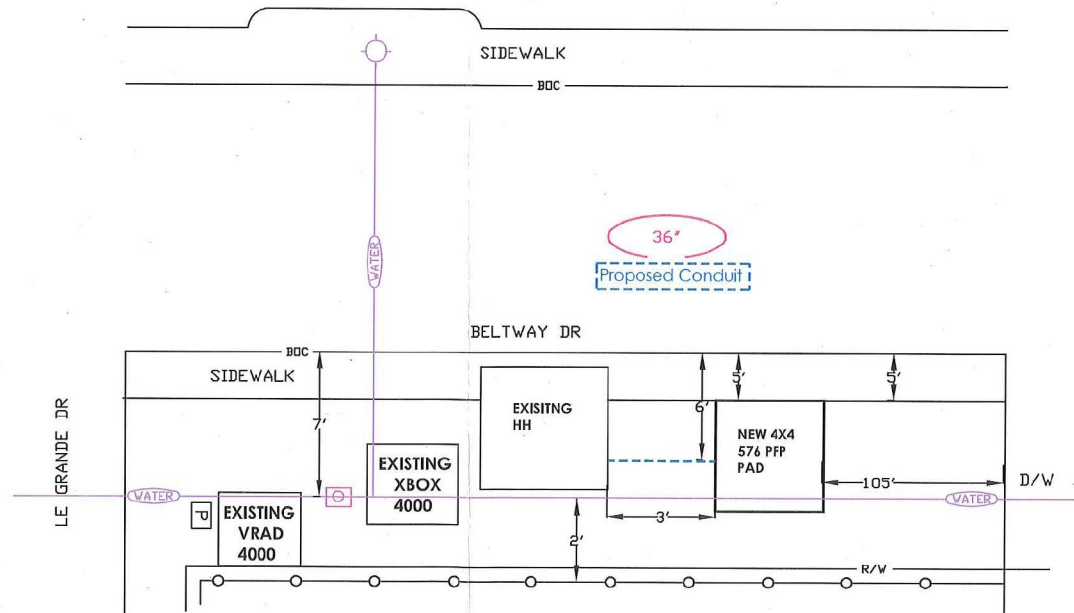
SCALE NONE

ISSUE DATE 08/04/2017

PROJ TITLE G1GAPDWER EXP DILLSTXAD4452LA

REV. NUMBER 1

DATE REV. 08/18/2017

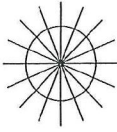


--Proprietary--

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- DESIGN MATCHED PLANNERS STORY IN MIC
- FIELD VISIT (DETERMINE PFP PLACEMENT)
- PLOP HAVE '+' IN SPEC
- TRIGGER TASKS 'T' AND 'S' MATCH DA
- BONDING AND GROUNDING
- QUALITY

--Proprietary--
Not for use or disclosure outside the AT&T companies except under written agreement.

SPECIAL CIRCUITS # G203 FORWARDED # PERMIT REQUIRED #	 NORTH ARROW
OPERATING RANGE OF JOB STEPS TASK _____ TO _____ MFRC 85C	
TRANSMISSION ZONE RZ 0 CZ 0 TAPER CODE 4452LA	
CAUTION HIGH VOLTAGE KV 7.20 AERIAL Y BURIED #	
HIGHWAY PERMIT NO.	
Utility CO IEDC - IEDC ELECTRIC DELIVERY C REP NAME REP TEL NO. (880) 666-2614 POLE CONTACTS (+) 0 (-) 0	
Utility CO REP NAME REP TEL NO. POLE CONTACTS (+) 0 (-) 0	
Utility CO REP NAME REP TEL NO. POLE CONTACTS (+) 0 (-) 0	
PROJECT NO A00W9AG	
TOT. PRINTS 5 PRINT NO. 5 NPA/NNX: 972-239 PRT: 972239 EXCH. ADDRESS TAX DIST. 00009 GEO. LOC. TH8239 ENGR. DWX DRAWN VC TELEPHONE NO. (972) 470-5936 REC. REF. 697-645-55-4 MAP REF. 14B SCALE NONE ISSUE DATE 08/04/2017 PROJ TITLE GIGAPOWER EXP BILLSTXWB4452LA REV. NUMBER DATE REV.	