



FOR ADDISON USE ONLY

Permit Number: W-1282
Location: 14650 Landmark Blvd

APPLICATION
Right of Way Work Permit-FRANCHISE

(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

PLEASE PRINT LEGIBLY

Date of Application: 11/13/17
Facility Owner Company: AT&T Company Phone #: 972-361-4200
Utility/CTP Representative: Greg Allmon Cell Phone #: 972-361-4700
Utility/CTP Representative E-mail: ga4118@att.com
General Contractor: Metro Pole Setting Co. Inc. Company Phone #: 214-638-8586
Site Supervisor Name: Rafael Guerra 24-hour Phone #: 214-802-2562
Contractor E-mail: payton@metropolesetting.com Site Foreman E-mail: rafael@metropolesetting.com
Work Site Address and Location: 14650 Landmark

Purpose and general description of work: Bore 656' and place 2" conduit. Place 2x3x2 hole. Place 335' fiber
Proposed Start Work Date: 11/13/17 Estimated Completion Date: 12/22/17

Pavement Cut? Yes No Directional Bore/Boring? Yes No Excavation? Yes No
Lane Closure? Yes No Other: _____

Applicant's Printed Name: Payton Gilcrease Signature: [Signature] Position with Company: Permits Coordinator

Applicant's E-mail: Payton@metropolesetting.com Applicant's Phone #: 214-201-4928
Direct Supervisor's Name: Terret Gilcrease Phone Number: 214-535-2201 Company Name: Metro Pole Setting Co. Inc.

Supervisor's E-mail: terret@metropolesetting.com

FOR ADDISON USE ONLY

Received By: [Signature] Entered? Yes No Received Date: 11/28/17 7:44 AM

Approved By: [Signature] Inspector: JF Issue Date: 11/30/17

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 12/14/17

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A
Fee Paid: NA Receipt #: CTP Processed By: [Signature]

Picked Up By: Payton Company: Metro Pole Date & Time: 12:17

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



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APPLICATION

Right of Way Work Permit -FRANCHISE

(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: Metro Pole Setting General Contractor's Phone #: 214-658-8586

Sub-Contractor #1 Company Name: Martin Solis Address: 220 W. Kingsley Rd. Suite # 410

Print Sub-Contractor's Name: Omar Sanchez Sub-Contractor Phone #: 214-715-3072

Sub-Contractor's E-mail: _____

Print Site Supervisor's Name: Kyle Tate Supervisor's Phone #: 214-914-0182

Site Supervisor's E-mail: Kyle@metropolesetting.com

Insurance Provided? Yes No On File

Sub-Contractor #2 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor 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: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor 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 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2017

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 Independent Insurance Group 3030 LBJ Freeway Ste. 1300 Dallas TX 75234	CONTACT NAME: Chuck Ashton / Teresa Simmons PHONE (A/C, No, Ext): 972-231-8277 FAX (A/C, No): 972-231-8291 EMAIL ADDRESS: teresas@indinsgrp.com														
INSURED Metro Pole Setting, Inc. 3103 Pluto Street Dallas TX 75212	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: United Fire & Casualty Company</td> <td>13021</td> </tr> <tr> <td>INSURER B: Texas Mutual Insurance Co.</td> <td>22945</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Fire & Casualty Company	13021	INSURER B: Texas Mutual Insurance Co.	22945	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Texas Mutual Insurance Co.	22945														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: 31461888 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 INSC	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X.C.U. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	85318694	8/2/2017	8/2/2018	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 - COMPIOP AGG \$2,000,000 \$
X	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	85318694	8/2/2017	8/2/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0-	Y	Y	85318694	8/2/2017	8/2/2018	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
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/A	0001305979	8/2/2017	8/2/2018	<input checked="" type="checkbox"/> PER STATUTE <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
A	Inland Marine			85318694	8/2/2017	8/2/2018	Leased/Rented Equip. \$100,000 per item

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The above checked ADDL INSR and SUBR WVD boxes refer to the following specific endorsements listed below and copies attached:
General Liability: Additional Insured-Owners, Lessees, or Contractors-Automatic Status For Other Parties When Required in Written Construction Agreement CG2038 0413; Additional Insured-Owners/Lessees/Contractors-Completed Operations form CG2037 0413; Primary and Noncontributory-Other Insurance Condition CG20001 0413; Texas-Extended Ultra Liability Plus Endorsement Form CG720S 0215 which includes Per Location Aggregate, Per Project Aggregate, and Blanket Waiver of Subrogation when required in written contract; Texas Changes-Amendment of Cancellation Provisions or Coverage Change CG0205 1204
See Attached...

CERTIFICATE HOLDER City of Addison 5300 Belt Line Rd Dallas TX 75254	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 <i>Chuck Ashton</i>
--	---

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

BY Independent Insurance Group		NAMED INSURED Metro Pole Setting, Inc. 3103 Pluto Street Dallas TX 75212	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Auto Liability: Business Auto Ultra Endorsement form CA7109 0117 which includes Additional Insured Status by Contract, Agreement or Permit and Waiver of Subrogation Required By Contract; Texas Cancellation Provision or Coverage Change Endorsement CA7133 1210
Workers Compensation: Texas Waiver of Our Right to Recover From Others Endorsement WC420304B; Texas Notice of Material Change Endorsement WC420601
Umbrella Follows Form



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/04/2017

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 have ADDITIONAL INSURED provisions or 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 Levy Insurance 2840 KELLER SPRINGS RD STE 101 CARROLLTON TX 75006-4830	CONTRACT NAME Lizbeth Hernandez PHONE (A/C, No, Ext): (972) 418-4999 FAX (A/C, No): 877-354-8489 E-MAIL ADDRESS: service@levyinsurancestore.com
INSURED Martin Solis 220 W Kingsley Rd Ste 410 Garland TX 75041-3435	INSURER(S) AFFORDING COVERAGE INSURER A: Acceptance Indemnity INSURER B: Kemper INSURER C: Nautilus INSURER D: Texas Mutual INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD'L 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CL00169373	06/05/2017	06/05/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		4217807	06/05/2017	06/05/2018	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		AN039519	06/05/2017	06/05/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	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 Y N/A	0001326259	06/05/2017	06/05/2018	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER The City of Frisco 6101 Frisco Square Blvd. Frisco, TX 75034	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 Marcia Levy
--	--

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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Workers Compensation: Texas Waiver of Our Right to Recover From Others Endorsement WC420304B; Texas Notice of Material Change Endorsement WC420601
Umbrella Follows Form

Polyston

ACAS U2L™ Advanced Contract Administration System



Download Documents Cell Site Info

Work Request: 04903620 GM Start Date: 11/20/17 00:00
 Task Completion: ✓ Complete Date: 12/08/17 00:00
 Work Accept Date: P.O. Date: 11/10/17 00:00
 Supplier: METRO POLE SETTING COMPANY, INC. Phone:
 Coordinator: ga4118 GREGORY ALLMON Phone: 972-361-4200
 Ticket Nbr:

Job	GEO LOC	Bid Area	Start Date	Comp. Date	Permit No.
A010E51	TM8239	CDL01	11/20/17 00:00	12/08/17 00:00	
Desc:	THIS IS A UNIT COST REQUEST FOR JOB A010E51 PRINTS 1-3. CONTRACTOR IS TO PERFORM ONE MANHOLE CORE DRILL, PLACE 650' OF ONE 2" INNERDUCT FROM MH 8896 TO CUSTOMER SOC, CAPTURE BOTH INNERDUCT AND SOC WITH FIBER HANDHOLE, PLACE 786' OF FIBER CABLE, PLACE 486' OF FIBER IN SOCE INTO 14650 LANDMARK BLVD, BOLT ONE 576 PFP CABINET TO FLOOR.				
City:	ADDISON	County:	DALLAS		
Crossroads:	DALLAS MAPSCO 14G				
Loc:	14650 LANDMARK				To:

Item	Description	UOM	Quantity	FRC	Bid Amount	VD	FA Location
BO100B	BORE PLACE ONE CABLE OR INNERDUCT 0 IN. 2 IN. PIPE OVER 100 FT DIRT	FOOT	656.00	845C		BF	
CB104B	PLACE PREFAB-CABINET PAD AND CABINET - ALL SURFACES UP TO AND INCLUDING 6 FT. X 6 FT. - IN CONJUNCTION WITH OTHER WORK	EACH	1.00	85C		AF	
CB152B	PLACE GROUND FIELD (3 - GROUND RODS W/WIRE AND BONDING) - DIRT - IN CONJUNCTION WITH OTHER WORK	EACH	1.00	845C		BF	
HH100B	PLACE HANDHOLE - NEW CONST. - GREATER THAN 17 IN.X30 IN.X28 IN. TO \\\XXXXXXXXXXXXXXXXXXXX<3 FT.X5 FT.X4 FT. - DIRT	EACH	1.00	845C		BF	
RD205A	PLACE FIBER CABLE IN INNERDUCT OR CONDUIT (PULL TAPE OR ROPE NOT IN PLACE) 1-1000 FT	SHEATH FT	385.00	85C		AF	
	PLACE CURB MARKER - IN						

RS204B	CONJUNCTION WITH OTHER WORK	EACH	3.00	8450		BF	
TRM38B	PULL ITEM IN EXISTING BURIED PIPE - PULL STRING IN PLACE - IN CONJUNCTION WITH OTHER WORK	FOOT	756.00	8450		BF	

Total Bid Amount:

This Order is submitted pursuant to SBC Agreement No. 1091SW, the terms of which are incorporated as if set forth fully herein.

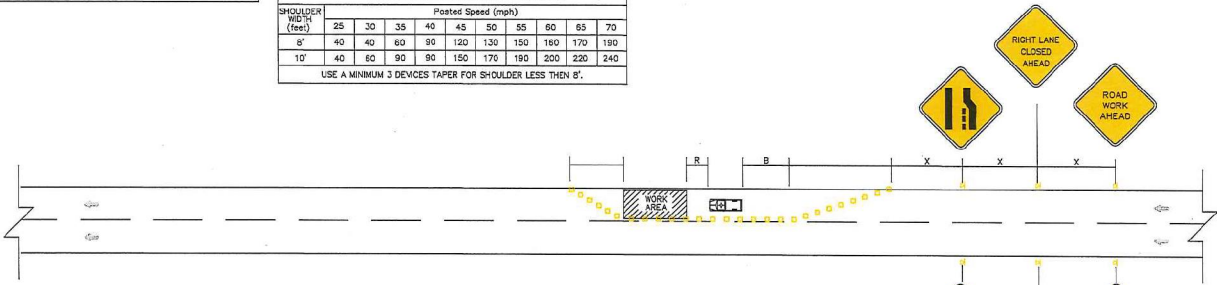
SIGN SPACING = X (1)		
RURAL HIGHWAYS	60 / 65 MPH	800' D
RURAL ROADS	45 / 55 MPH	500' D
RURAL ROADS & URBAN ARTERIALS	35 / 40 MPH	350' D
RURAL ROADS, URBAN ARTERIALS, RESIDENTIAL & BUSINESS DISTRICTS	25 / 30 MPH	300' D
URBAN STREETS	25 MPH OR LESS	100' D

(1) ALL SPACING MAY BE ADJUSTED TO ACCOMMODATE INTERSECTIONS AND DRIVEWAYS.
 (2) THIS SPACING MAY BE REDUCED IN URBAN AREAS TO FIT ROADWAY CONDITIONS.

MINIMUM LANE CLOSURE TAPER LENGTH = L (feet)										
LANE WIDTH (feet)	POSTED SPEED (mph)									
	25	30	35	40	45	50	55	60	65	70
10'	105	150	205	270	430	330	550	-	-	-
11'	115	165	225	285	485	550	605	660	-	-
12'	125	180	245	320	540	600	660	720	760	840

MINIMUM SHOULDER TAPER LENGTH = L/3 (feet)										
SHOULDER WIDTH (feet)	Posted Speed (mph)									
	25	30	35	40	45	50	55	60	65	70
8'	40	40	60	90	120	130	150	160	170	180
10'	40	60	90	90	150	170	190	200	220	240

USE A MINIMUM 3 DEVICES TAPER FOR SHOULDER LESS THEN 8'.



CHANNELIZATION DEVICE SPACING (FEET)		
MPH	TAPER	TANGENT
50/65	10 TO 20	80
35/45	10 TO 20	60
25/30	10 TO 20	40

BUFFER DATA										
LONGITUDINAL BUFFER SPACE = B										
SPEED (MPH)	25	30	35	40	45	50	55	60	65	70
LENGTH (FEET)	155	220	250	305	360	425	495	570	645	-

BUFFER VEHICLE ROLL AHEAD DISTANCE = R										
TRANSPORTABLE ATTENUATOR:	SHALL BE MOUNTED ON, OR ATTACHED TO, A HOST VEHICLE THAT COMPLIES WITH THE MANUFACTURER'S RECOMMENDED WEIGHT RANGE.									
PROTECTIVE VEHICLE:	MAY BE A WORK VEHICLE STRATEGICALLY LOCATED TO SHIELD THE WORK AREA.									
	30 FEET MIN. TO 100 FEET MAX.									
	NO SPECIFIED DISTANCE REQUIRED									

- LEGEND**
- FLASHING STATION
 - TEMPORARY SIGN LOCATION
 - SEQUENTIAL ARROW SIGN
 - TRAFFIC SAFETY DRUM
 - CHANNELIZING DEVICES
 - PROTECTIVE VEHICLE
 - TRANSPORTABLE ATTENUATOR

MY TRAFFIC CONTROL.COM
 MYTRAFFICCONTROL.COM IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. ALL PLANS MUST BE APPROVED PER PROPER AGENCY.

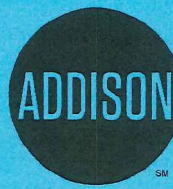
GENERAL NOTES

ADDRESS OR LOCATION
SINGLE LANE CLOSURE RIGHT CURB LANE ONE-WAY 2 LANE STREET
NOT TO SCALE

ADDRESS OR LOCATION

TC-11
 SHEET ____
 OF
 SHEET ____

RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT



INFRASTRUCTURE &
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1282

PERMIT NUMBER

11/30/17

START DATE

12/22/17

EST. COMPLETION DATE

METRO POLE

CONTRACTOR

AT&T

FOR

14650 LANDMARK BLVD

LOCATION (ADDRESS)

FROM LANDMARK PL-AROUND CORNER TO ADDRESS

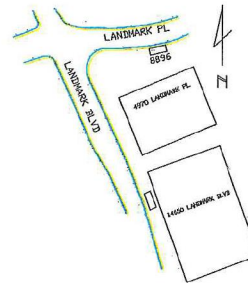
LOCATION (ACTUAL)

PLACE CABLE FACILITIES FOR SERVICE TO ADDRESS

TYPE OF WORK

THIS CARD MUST BE DISPLAYED ON THE JOB SITE AT ALL TIMES.

JEFFERSON LANDMARK
14650 LANDMARK BLVD
CCU1608129441



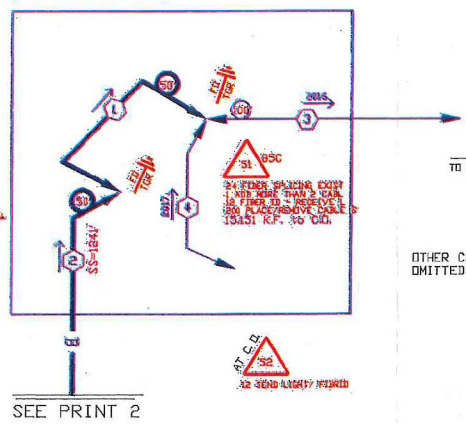
1
SUBMIT-372
852, 207
ADM. 52-376
A. 12-72

2
SUBMIT-343
843, 738
ADM. 52-376
A. 12-48

3
SUBMIT-354
824, 204, 207
ADM. 48-432
A. 12-34
ADM. 52-329
A. 12-21
ADM. 52-376
A. 12-104
ADM. 52-329
A. 12-116
ADM. 52-329
A. 12-244

4
SUBMIT-372
824, 204, 207
ADM. 43-330
C. 5-72

NH 8936
4N, DB007,
12 X 6 X 7 504 cuft.



39
S4 - 300' VARIATION FROM 34
15,301 REF. TO G.D.

AT L.E.D.
12 30ND 100017 1121111

OTHER CABLES IN MANHOLE
OMITTED FOR CLARITY

OTHER RECORDS:
697-645-74
CON-143

Task #	FBI	Materials	Acct	Tax Dist	Tax	Mont
			Code		Rate	Total
1	MATL	SBDON-372	856	DB007	400	0
2	MATL	SBDON-343	843	DB007	756	0

SEE PRINT 2

SPECIAL CIRCUITS N

8203 FORWARDED N

PERMIT REQUIRED N

NORTH ARROW

OPERATING RANGE OF JOB STEPS
TASK 1 TO 53

MFCR 945

TRANSMISSION ZONE
RZ 0 CZ 0 TAPER CODE 4229A

CAUTION HIGH VOLTAGE
KV 120 AERIAL BURIED

HIGHWAY PERMIT NO.

UTILITY CO. VERE - VERE ELECTRIC DELIVERY C
REP NAME
REP TEL NO. (888) 313-4747
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 ADW051

TOT.PRINTS 3 PRINT NO. 1
NPA/NNX: 972-239 PRT:972239
EXCH. ADDISON
TAX DIST. DB007
GEO LOC. 118239
ENGR. BLX DRAWN CH
TELEPHONE NO. (972) 470-5916
REC. REF. UG-80
MAP REF. 146
SCALE NONE
ISSUE DATE 17/03/2017
PROJ TITLE 14650 LANDMARK BLVD PTP
REV. NUMBER
DATE REV.

ASSOCIATED DISTRIBUTION PROJECT:
ADD040

UTILITY ENGINEER
BRIAN LAMM
65-2574
CELEST

UTILITY CONTACT
DANIEL WILLIAMS
313-710-3759
cateswilliams@veree.com

CONTRACT ENGINEER
KERRY THOMAS KING
12544, 12-13
214-478-4567

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