



FOR ADDISON USE ONLY
 Permit Number: W-1285
 Location: 15705 Quorum Dr

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: 12/5/17

Property Owner/Developer Name: Apartmanets Company Phone #: _____

Property Owner Contact Name: _____ Phone #: _____

General Contractor Name: Crocker Crane Phone #: 972-445-1919

Site Supervisor Name: Mike Price 24 hour phone #: 214-797-5416

Work Site Address and Location: 15705 Quorum Dr., Addison TX

Purpose and general description of work: Remove & Replace AC unit

Proposed Start Work Date: 12/14/17 9am Estimated Completion Date: 12/14/17 2pm or earlier

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

Lane Closure? Yes No Other: _____

Mike Price _____ Risk Manager
 Applicant's Printed Name Signature Position with Company

mprice@crockercrane.net _____ Crocker Crane / 972-445-1919
 Applicant's Email Company Name & Phone Number

FOR ADDISON USE ONLY

Received By: BW via Email Entered? Yes Received Date: 12/4

Approved By: David Wilde Inspector: JEPDW Issue Date: 12/11/17

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 12/27/17

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	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 checked="" type="checkbox"/> Other (Description) _____					= \$
					<u>Application Fee</u>
					PERMIT FEE TOTAL = \$
					<u>50.00</u>

Receipt #: attached Processed By: Nickie A.

Picked Up By: Cesar Company: Crocker Date & Time: 12-13-17

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

10:42AM



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Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: Crocker Crane General Contractor's Phone #: 972-445-1919

Sub-Contractor #1 Company Name: Atlantis Services Address: 14311 Welch Rd, Dallas, TX 75244

Print Sub-Contractor's Name: Ken Blackberry Sub-Contractor Phone #: 469-951-8842

Sub-Contractor's E-mail: kenb@atlantis-eng.com

Print Site Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-mail: _____

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

001979-0001 Nicole S. 12/13/2017 09:38AM

MISCELLANEOUS

UTILITY TAP FEES
(UTTAPF)
2018 Item: UTTAPF
1.00 @ 50.00
UTILITY TAP FEES
(UTTAPF) 50.00

50.00
Subtotal 50.00
Total 50.00

CREDIT CARD 50.00
MasterCard *****2948
Ref=949943401
Auth=027039
201712134F32
AID=A0000000041010
Invoice=201712134F32
AuthCode=027039
Entry=Chip_Read
AppLabel=MASTERCARD
ATC=001D
Seq=201712134F32

Change due 0.00

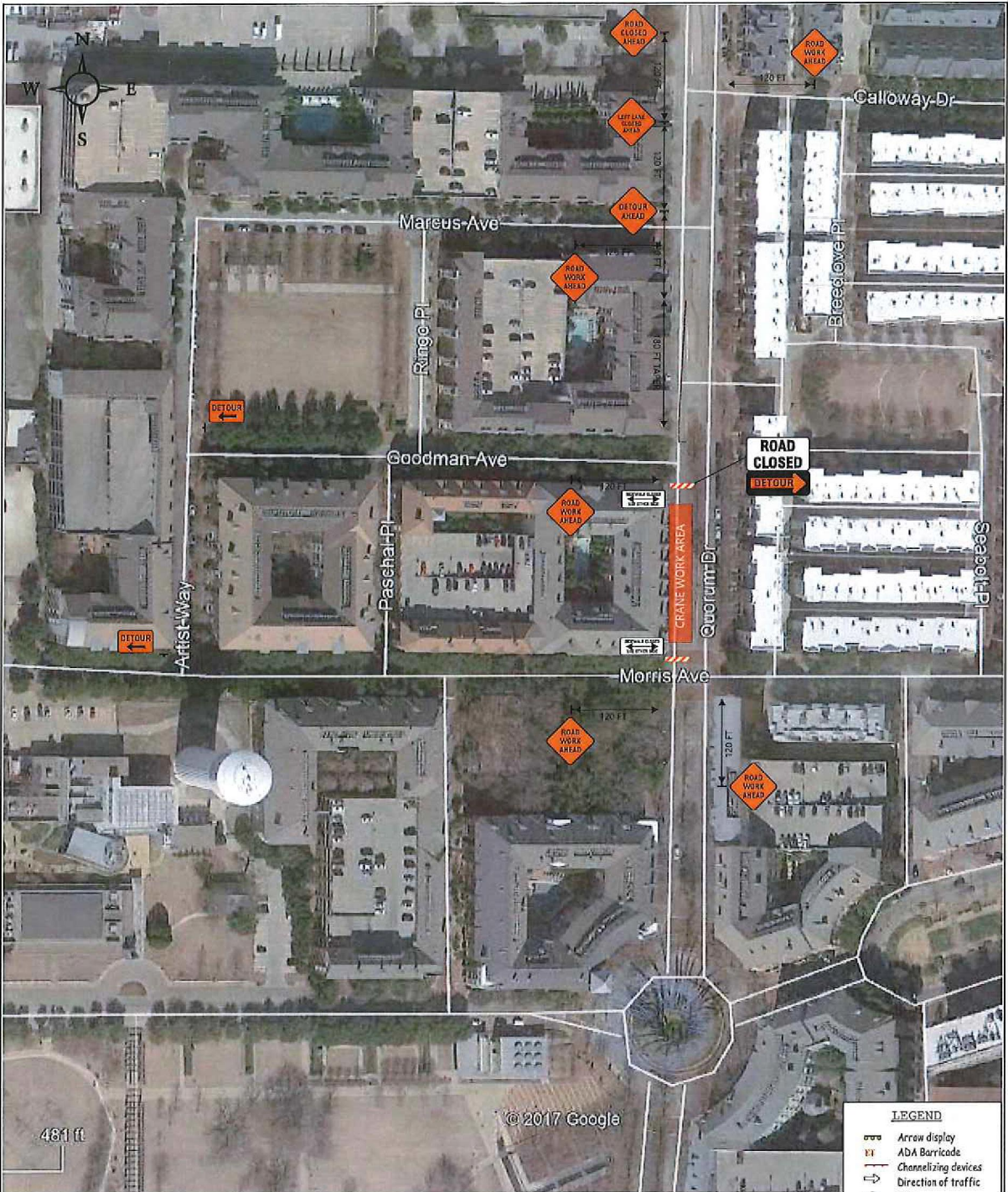
Paid by: CROCKER CRANE

Comments: ROW PERMIT APPLICATION

Signature: _____

Thank you for your payment

TOWN OF ADDISON COPY



LEGEND

- Arrow display
- ADA Barricade
- Channelizing devices
- Direction of traffic
- Sign
- Barricade
- Man Hole (work area)
- Work space
- Work truck



REQUIREMENTS

- Contractor shall provide all required traffic control devices in accordance with the latest edition of the Manual for Uniform Traffic Control Devices (MUTCD).
- Only temporary traffic control devices are permitted. The minimum required by the MUTCD shall be used. All signs shall be reflective and shall be illuminated at night.
- The location of signs, barriers, flaggers, and other traffic control devices shall be approved by the local authority having jurisdiction. All devices shall meet MUTCD requirements.

The traffic control plan shall be in accordance with the MUTCD specifications. The contractor shall be responsible for the proper placement and use of all devices. Traffic control plans submitted to the local authority having jurisdiction may vary.

TEMPORARY TRAFFIC CONTROL PLAN

Project Name 15705 Quorum Dr		Project Number
Prime Contractor Crocker Crane	Traffic Control Contractor American Barricade	
Phone 817-318-0003	Sheet Number 02-171306a	Date 12-4-17
Prepared By American Barricade Company, Inc.		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/3/2017

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 Coverica 5999 Summerside Suite 200 Dallas TX 75252	CONTACT NAME: Amanda Roberson PHONE (A/C, Ho, Ext): (972) 490-8800 FAX (A/C, No): (972) 490-2255 E-MAIL ADDRESS: amanda.roberson@CoVerica.com
	INSURER(S) AFFORDING COVERAGE
INSURED RCD Equipment LLC dba Crocker Crane P. O. Box 141539 Irving TX 75014-1539	INSURER A: International Hanover Insurance Co.
	INSURER B: American Southern Home Ins. Co.
	INSURER C: Texas Mutual Insurance Company
	INSURER D: Ironshore Specialty Ins Co.
	INSURER E: Princeton Excess & Surplus Lines

COVERAGES CERTIFICATE NUMBER: Crocker 17/18 all 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.

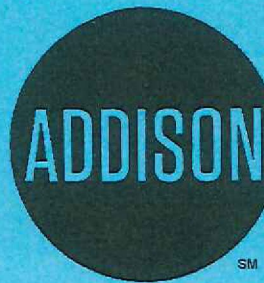
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			IICHMPP-0003002-00	11/5/2017	11/5/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Riggers Liability						MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL, & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			2LA6CA0000274-00	11/5/2017	11/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			NBU00357-02	11/5/2017	11/5/2018	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE	RETENTION \$ 25,000				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0001205777	10/29/2017	10/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Umbrella			ILA3FF0000016-02	11/5/2017	11/5/2018	\$5,000,000 Each Occurrence \$5,000,000 Aggregate

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

CERTIFICATE HOLDER City of Addison 16801 Westgrove Dr Addison, TX 75001	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 Ronald Thompson/AROB

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**RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT**



**INFRASTRUCTURE &
DEVELOPMENT SERVICES**

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1285

PERMIT NUMBER

12/14/17

START DATE

12/14/17

EST. COMPLETION DATE

CROCKER CRANE

CONTRACTOR

ADD CIR

FOR

15705 QUORUM DR

LOCATION (ADDRESS)

NB & SB LANES OF QUORUM DR BETWEEN MORRIS & GOODMAN

LOCATION (ACTUAL)

REMOVE & REPLACE AC UNIT ON ROOF

TYPE OF WORK

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