

FOR ADDISON USE ONLY

Permit Number: W-1290 Location: 426 Sojourn - Addisin Place

APPLICATION Right of Way Work Permit-FRANCHISE

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

PLEASE PRINT LEGIBLY Date of Application:	
Facility Owner Company: ATIT	Company Phone #: 972-202 662
Utility/CTP Representative: 60 y Vaushon	Cell Phone #: 972-202-6625
Utility/CTP Representative E-mail: 349/ art.	
General Contractor: Hernandez Utriches	_Company Phone # <u>\$72-557-50</u> 88
Site Supervisor Name: William Struct	24-hour Phone # 536-661-2778
Contractor E-mail: Work Site Address and Location: 420/ Sojorn Dr. Purpose and general description of work: 6000 in 1600	ophas, m subdrusion
Proposed Start Work Date: 3/18 Estimated Complete	tion Date: 2/15 / 18
Pavement Cut? □Yes □No Directional Bore/Boring? □Yes □No	Excavation?
Lane Closure? Yes Other:	
Applicant's E-mail: Lallow & honor & Signature Applicant's E-mail: Lallow & honor & Signature	Position with Company
and the same	#: 776-661-6770
Direct Supervisor's Name Phone Number	Company Name
Supervisor's E-mail: Office (2) hernondezatilh	
FOR ADDISON USE ONLY	/ .
Received By: Entered? □Yes Received Date:	12/20/17
Approved By: Deer Bulle Inspector:	Issue Date: <u>//2/18</u>
Plans Submitted?	□N/A Expiration Date: 1/16/19
Insurance Provided? □Yes □No ØOn File Performance/Maintenance Bond Fee Paid: Proce	d? □Yes □No □On File ☑N/A
Picked Up By: Company: 16 miles Company: 16 mile	117 (125 Date & Time: 1/4/8
TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT	SERVICES DEPARTMENT 2.01 Pm

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



PLEASE PRINT LEGIBLY

Sub-Contractor's E-mail:

Site Supervisor's E-mail:____

Insurance Provided? □Yes □No □On File

FOR ADDISON USE ONLY

Permit Number: W- 1290 Location: 420 Sopown - Addison Place

APPLICATION Right of Way Work Permit -FRANCHISE

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

Sub-Contractor List

General Contractor's Name: Henendez ah IM	General Contractor's Phone #: 972 - 557- 5388	
Sub-Contractor #1 Company Name: W/A	Address:	
Print Sub-Contractor's Name:	Sub-Contractor Phone #:	
Sub-Contractor's E-mail:		
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 #:

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