



FOR ADDISON USE ONLY
 Permit Number: W-1319
 Location: 15804 Addison Rd

APPLICATION

Right of Way Work Permit -FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of Application: ~~4/23/2018~~ 1/30/18

Facility Owner Company: Time Warner Cable / Spectrum Company Phone #: 214-394-4281

Utility/CTP Representative: Kevin Causey Cell Phone #: 214-394-4281

Utility/CTP Representative E-Mail: kevin.causey@charter.com

General Contractor: TCS Communications LLC Company Phone #: 817-864-9337

Site Supervisor Name: Stephen Smith 24-hour phone #: 214-601-7722

Contractor E-Mail address: stephen.smith@tcscomm.com Site Foreman E-Mail: stephen.smith@tcscomm.com

Work Site Address and Location: 15804 Addison Rd DID 1571443 Earthlink Business

Purpose and general description of work: new underground

Proposed Start Work Date: ~~4/25/2018~~ 2/1/18 Estimated Completion Date: 4/25/2018

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

Excavation? Yes No Lane Closure? Yes No Other: _____? Yes No

Stephen Smith [Signature] Supervisor of Construction Services
 Applicant's Printed Name Signature Position with Company

Applicant's Email: stephen.smith@tcscomm.com Applicant's Phone Number: 214-601-7722

Michael Escollies 505-850-4737 TCS Communications LLC
 Direct Supervisor's Printed Name Phone Number Company Name

Supervisor's E-Mail: michael.escollies@tcscomm.com

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Received By: Mikae S. Entered? Yes Received Date: 1-30-18

Approved By: [Signature] Inspector: JF Issue Date: 2/1/18

Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Expiration Date: 2/15/18

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A

Fee Paid: NA Receipt#: CTP Date: _____ Processed By: _____

Picked Up By: [Signature] Company: TCS Communications Date & Time: 2-1-18

Steven Smith

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

3:39 pm
T.W.R.A.



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Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: TCS Communications LLC **General Contractor's Phone #:** 817-864-9337

Sub-Contractor #1 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ **Sub-Contractor's 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's 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's Phone #: _____

Sub-Contractor's E-Mail: _____

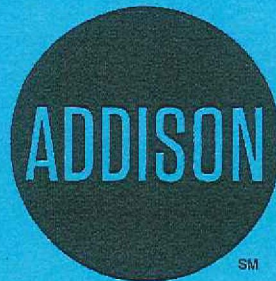
Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-Mail: _____

Insurance Provided? Yes No On File

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



**INFRASTRUCTURE &
DEVELOPMENT SERVICES**

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1319

PERMIT NUMBER

2/01/18

START DATE

4/25/18

EST. COMPLETION DATE

TCS COMM SPECTRUM

CONTRACTOR

FOR

15804 ADDISON RD

LOCATION (ADDRESS)

FROM POLE TO NEW PEDESTAL THEN TO BUILDING

LOCATION (ACTUAL)

PLACE CABLE SERVICE FOR ADDRESS

TYPE OF WORK

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2017

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 Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 102-986-923--GAWU-17-18	CONTACT NAME: _____	
	PHONE (A/C, No., Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
INSURED TCS Communications, LLC 2045 W. Union Ave. Bldg E Englewood, CO 80110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Liberty Mutual Fire Insurance Company	23035
	INSURER B : LM Insurance Corporation	33600
	INSURER C : Westchester Fire Insurance Company	10030
	INSURER D : _____	
	INSURER E : _____	
INSURER F : _____		

COVERAGES **CERTIFICATE NUMBER:** ATL-004000485-02 **REVISION NUMBER:** 1

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 X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			TB2-631-004260-017	07/31/2017	07/31/2018	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$ _____
A 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 OTHER: _____			AS2-631-004260-027	07/31/2017	07/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
C X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			G22049860 012	07/31/2017	07/31/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ _____
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	N/A	WA5-63D-004260-037 (AOS) WC5-631-004260-047 (MN,WI)	07/31/2017 07/31/2017	07/31/2018 07/31/2018	<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)
Evidence of Coverage

CERTIFICATE HOLDER TCS Communications, LLC 2045 W. Union Ave., Bldg. E Englewood, CO 80110	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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