



FOR ADDISON USE ONLY
 Permit Number: W-1316
 Location: 5015 Spectrum
 Revised 2/20/14

APPLICATION

Right of Way Work Permit -FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of application: 1/29/18
 Facility Owner Company: ATT Company Phone #: 972-361-4200
 Utility/CTP Representative: GREG ALLMON Cell Phone #: _____
 General Contractor: ARLINGTON CABLE Company Phone #: 817-563-2222
 Site Supervisor Name: DANNY GROSSMAN 24 hour phone #: 214-535-2907
 Work Site Address and Location: 5015 SPECTRUM DR
 Purpose and general description of work: INSTALL ATT CABLE from office Trailer to Manhole
 Proposed Start Work Date: 1/30/18 Estimated Completion Date: 2/10/18
 Pavement Cut? Yes No Directional Bore/Boring? Yes No
 Excavation? Yes No Lane Closure? Yes No Other: _____? Yes No
DANNY GROSSMAN [Signature] CONSTRUCTION MANAGER
 Applicant's Printed Name Signature Position with Company
danny.grossman@arlingtoncable.me
 Applicant's Email: _____ Applicant's Phone Number: 817-563-2222
 SAME
 Direct Supervisor's Printed Name _____ Phone Number _____ Company Name _____

FOR ADDISON USE ONLY

Received By: Nicole S. Entered? Yes No Received Date: 1-29-18
 Approved By: [Signature] Inspector: JS Issue Date: 1/29/18
 Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A Eq. 2/13/18
 Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A
 Fee Paid: NA Receipt#: CTP Date: 1-31-18 Processed By: Nicole S.
 Picked Up By: [Signature] Company: Arlington Date & Time: 1-31-18
9:04AM

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



FOR ADDISON USE ONLY
Permit Number: W-1316
Location: 5215 Spectrum
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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: _____ General Contractor's Phone #: _____

Sub-Contractor #1 Company Name: n/a Address: _____

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

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

Insurance Provided? Yes No On File

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

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

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

Insurance Provided? Yes No On File

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

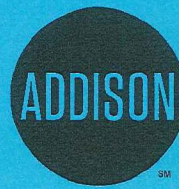
Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

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

Insurance Provided? Yes No On File

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PHONE: 972-450-2871 FAX: 972-450-2837

RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT



INFRASTRUCTURE &
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1316

PERMIT NUMBER

1/30/18

START DATE

2/10/18

EST. COMPLETION DATE

ARLINGTON CABLE

CONTRACTOR

AT&T

FOR

5015 SPECTRUM DR

LOCATION (ADDRESS)

WEST ROW FROM HH TO TRAILER

LOCATION (ACTUAL)

PROVIDE SERVICE TO TRAILER

TYPE OF WORK

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2017

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 Alex Alkhaszshvilly Ins. Agency 3600 S. Cooper Street Suite 120 Arlington, TX 76015	CONTACT NAME:	
	PHONE (A/C No. Ext):	817-468-2539
	FAX (A/C No.):	817-375-1061
	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A:	Texas Mutual
	INSURER B:	First Mercury Insurance
	INSURER C:	Lloyd's of London
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Arlington Cable TV Contractors Inc.**

PO BOX 150349
Arlington, TX 76015
8174617752

COVERAGES CERTIFICATE NUMBER: 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	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
				TX-CGL-0000073400-01	06/09/17	06/09/18	PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALLOWED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
B	UMBRELLA LIAB						EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> DED						
	<input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-PR \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Property						Building - 250,000
							Contents - 29,500

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

CERTIFICATE HOLDER Town of Addison 5300 Belt Line Rd. Dallas, 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:
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2017

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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 Scott Custead State Farm Insurance Agency 12848 South Freeway Sta. 228 Burleson, TX 76028	CONTACT NAME: Kristin Kimsey PHONE (A/C, No, Ext): 8174477600 FAX (A/C, No): 8174477606 E-MAIL ADDRESS: kristin@custeadsf.com
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

INSURED Dillard, Curtis Arlington Cable TV Contractors Inc. PO BOX 150349 Arlington, TX 76015
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LDC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMM/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> AUTOS ONLY	X	357 9087-C01-43 381 9344-A26-43A 342 3758-C27-43	09/01/2017 07/26/2017 09/27/2017	03/01/2018 01/26/2018 03/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2009 DODGE RAM 3500 VIN: 3D7MX48L06G523178
 2006 FORD F350 VIN: 1FTWW32P06EC30007
 1997 GMC C1500 Vin: 2GTEC19R6V1541456
 2008 GOOSENECK TRAILER VIN: 4P5FD302X81122717
 2014 RD WARRIOR 6 TON FLATBED TRAILER VIN: 00550VEE240

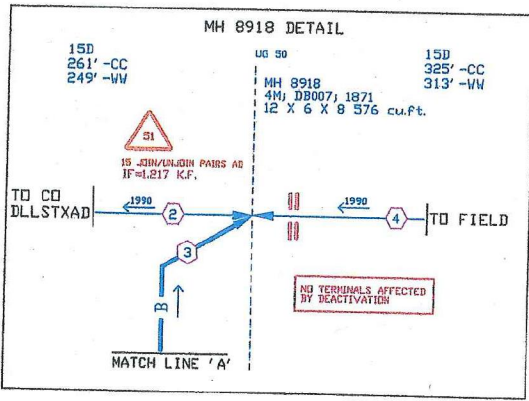
CERTIFICATE HOLDER Town of Addison 5300 Belt Line Rd. Dallas TX 75001	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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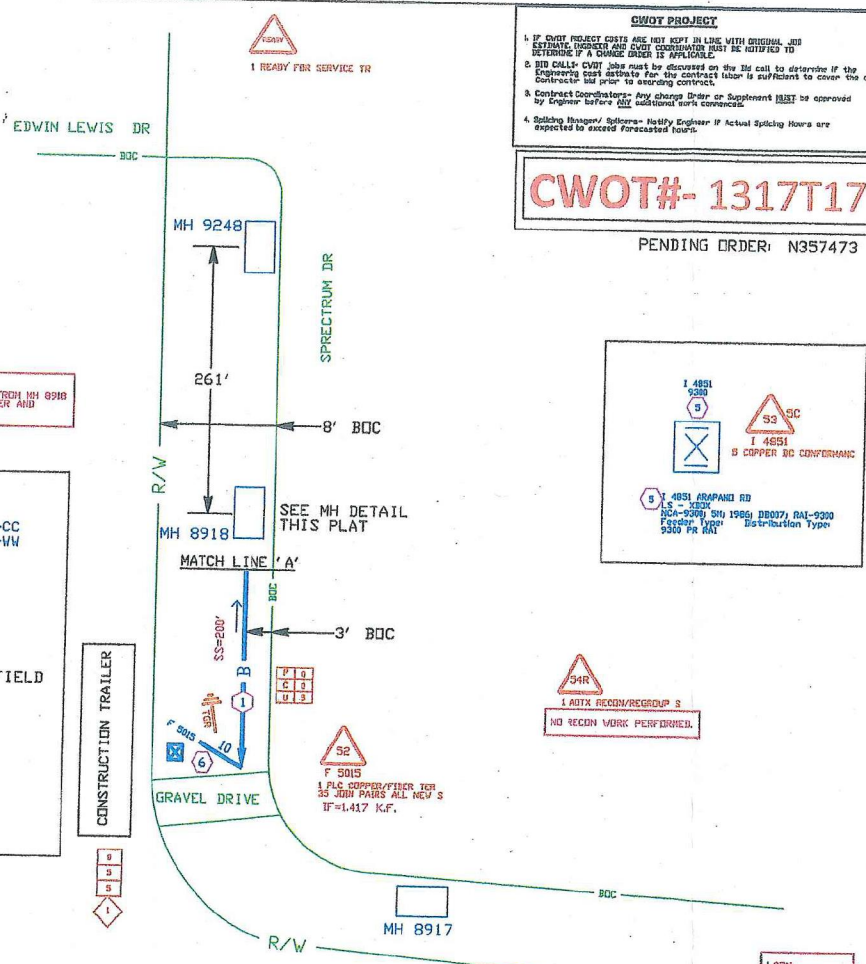
- 1 ANMV-25 45C, 200
4831A, 3421-3425
A, 401-418
- 2 KFAV-418 3W, 261', 1990
4831A, 3101-3150
4831A, 3151-3200
4831A, 3201-3250
4831A, 3401-3450
A, 401-418
- 3 ANMV-25 45C, 200
4831A, 3421-3425
A, 401-418
- 4 KFAV-418 3W, 261', 1990
4831A, 3101-3150
4831A, 3151-3200
4831A, 3201-3250
4831A, 3401-3450
A, 401-418
- 5 1990 1-5
6 1990 6-10

- 1 CUSTOM WORK ORDER TR
- 2 HUSCLR 242 EXTRA COSTS
- 3 HUSCLR 242 EXTRA COSTS

SCOPE OF WORK
PLACE 25 PR CABLES IN THE RDW FROM MH 8918
TO CUSTOMER CONSTRUCTION TRAILER AND
PLACE TERMINAL & PEDESTAL.



Task #	FTI	Materials	Acct Code	Tax Dist	Tax Qty	Mort Year
3	MMAIL	ANMV-25	45C	DB007	200	0



CWOT PROJECT

1. IF CWOT PROJECT COSTS ARE NOT KEPT IN LINE WITH ORIGINAL JOB ESTIMATE, OPERATOR AND CREDIT COORDINATOR MUST BE NOTIFIED TO DETERMINE IF A CHANGE ORDER IS APPLICABLE.

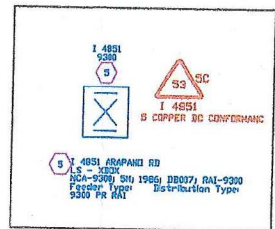
2. BID CALLS/ CWOT jobs must be discussed on the Mt call to determine if the Engineering cost estimate for the contract labor is sufficient to cover the actual Contractor bid prior to awarding contract.

3. Contract Disputes- Any change Order or Supplement MUST be approved by Engineer before any additional work commences.

4. Splicing Hours/ Splicing- Notify Engineer if Actual Splicing Hours are expected to exceed forecasted hours.

CWOT#- 1317T17

PENDING ORDER: N357473



1 480V 3500
NO RECON WORK PERFORMED.

52
F 5015
1 PLC COPPER/FIBER FOR 50 JIB PAINS ALL NEW S IF=L417 K.F.

LCDR
MARK CASTELLO
OSP BUSINESS
972-470-7577
M09978ATTCOM

SPECIAL CIRCUITS H

6203 FORWARDED H

PERMIT REQUIRED Y

NORTH ARROW

OPERATING RANGE OF JOB STEPS

TASK 1 TO 51

MFR 45C

TRANSMISSION ZONE

RZ 15 CZ 9 TAPER CODE 122302

CAUTION HIGH VOLTAGE

KV 0.00 AERIAL II BURIED II

HIGHWAY PERMIT NO.

UTILITY CO REP NAME REP TEL NO. 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 A015WJ

TOT. PRINTS 0 PRINT NO. 1

NPA/NNX: 972-239 PRT: 972239

EXCH. ADDISON

TAX DIST. D8009

GEO LOC. T18239

ENGR. NC DRAWN/NC

TELEPHONE NO. (972) 470-7577

REC. REF. 697-645-76, UG-50

MAP REF. 140

SCALE HERE

ISSUE DATED: 04/2018

PROJ TITLE 5015 SPECTRUM DR-CBUS TRLR CD

REV. NUMBER

DATE REV.

ENG CELL: 972-824-7036

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