

FOR ADDISC	ON USE ONLY
Permit Number:_	W-1324
	5 Belt Line Rd.

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: 63/03/2018
Property Owner/Developer Name: Mote/ 6 GG HospitalitCompany phone #: 972 - 360 - 9000
Property Owner Contact Name: GG Hospitality Phone #: 973-360-9000
General Contractor Name: Lux Solutions Phone #: 1-818-939-2696
Site Supervisor Name: (A) & FFinae: 24-hour phone #: 1-818-939-2696
Work Site Address and Location: 4325 Belt Line Rd, Addison, TX 75001/Motel 6
Purpose and general description of work: Boring two light poles on property
Proposed Start Work Date: 02/12/2018 Estimated Completion Date: 02/23/2618
Pavement Cut? ☐ Yes 💢 No Directional Bore/Boring? 💢 Yes ☐ No
Excavation?
Caleb Etimore Chris Chaple Master Electrisipan
Applicant's Printed Name Signature Position with Company
Caleb@Tuxsolutions, is Lux Solutions 404-234-9248
Applicant's Email Company Name & Phone Number FOR ADDISON USE ONLY
MARA A C C A AN
Received By:Entered? \(\text{DYes} \) Received Date:
Approved By: David 2 Culle Inspector: TC Issue Date: 2/8/18
Plans Submitted? Plans
Insurance Provided? ☑Yes ☐No ☐On File Performance/Maintenance Bond? ☐Yes ☐No ☐On File ☑N/A
□WA □SWNumber Of Connections Size @\$ Each = \$ □WA □SWNumber Of Connections Size @\$ Each = \$ □WA □SWNumber Of Connections Size @\$ Each = \$ □WA □SWNumber Of Connections Size @\$ Each = \$ □Other (Description) = \$ 50.33
PERMIT FEE TOTAL \$ 55.53
Receipt#: Processed By: VIII Processed By:
Picked Up By:Date & Time:
TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES DEPARTMENT 2 12.18

DDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES D 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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POLIK.	ADDISON	1135	CHAIL	. V

APPLICATION Right of Way Work Permit -GENERAL (For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: Lux SolutionS General Contractor's E-Mail: Cal chellux solutionS	_General Contractor's Phone #: <u>\- % % ~ 439</u> -2640 u <u>s</u>
Sub-Contractor #1 Company Name: Directional Booking Services	Address: 6333 Mocking bind Ln #147-5/3
Print Sub-Contractor's Name: Tim Cohn Sub-Contractor's E-Mail: Hm@boringContractors. (LOM
Print Site Supervisor's Name: <u>Tim Cohn</u> Site Supervisor's E-Mail: <u>tim@borfing.Controutines.</u> C	Supervisor's Phone #: 37-228-5562
Insurance Provided? □Yes □No 丸On File	
Sub-Contractor #2 Company Name:	_Address:
Print Sub-Contractor's Name:Sub-Contractor's E-Mail:	
Print Supervisor's Name:Site Supervisor's E-Mail:	_Supervisor's Phone #:
nsurance Provided? □Yes □No □On File	
Sub-Contractor #3 Company Name:	_Address:
Print Sub-Contractor's Name:Sub-Contractor's E-Mail:	
Print Supervisor's Name: 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



TOWN OF ADDISON INFRASTRUCTURE & DEVELOPMENT SERVICES 16801 Westgrove Dr. Addison, TX 75001 972-450-2881

Welcome

002091-0006 Nicole S. 02/12/2018 11:10AM

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MI	SCE	بليلة	ANE	iΟU	15

RIGHT OF WAY (ROWPER) 2018 Item: ROWPER 1.00 @ 50.00

RIGHT OF WAY (ROWPER)

50.00

50.00

Subtotal Total

2

50.00

CREDIT CARD DEV. SVCS.

50.00

Visa *********2788 Ref=1109384501

Ref=1109384501 Auth=00890G

201802121142

AID=A000000031010

Invoice=201802121142

AuthCode=00890G

Entry=Chip_Read AppLabel=VISA CREDIT

ATC=0099

Seq=201802121142

Change due

0.00

Paid by: LUX SOLUTIONS LLC

Comments: ROW APPLICATION FEE

Signature: __

Thank you for your payment

TOWN OF ADDISON COPY

RIGHT OF WAY, EXCAVATION & LANE CLOSURE PERMIT

W-1324

DEDMIT NUMBER

2/12/18

START DATE



2/23/18 LUX SOLUTIONS G6 HOSP

EST. COMPLETION DATE

CONTRACTOR

FOR

4325 BELT LINE RD

LOCATION (ADDRESS)

ON-SITE; CROSSING WATER EASEMENTS

LOCATION (ACTUAL)

BORE IN UG CONDUITS FOR ELECTRICAL WIRING

TYPE OF WORK

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

STATE OF TEXAS

CALEB MICHAEL EFFINGER

MASTER ELECTRICIAN



LICENSE NUMBER 405080 EXPIRES 06/28/2018

TEXAS DEPARTMENT OF LICENSING AND REGULATION

STATE OF TEXAS

LUX SOLUTIONS LLC

ELECTRICAL CONTRACTOR



LICENSE NUMBER 32894 EXPIRES 08/14/2018

TEXAS DEPARTMENT OF LICENSING AND REGULATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY 12/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH CERTIFICATE DOES NOT AFFIRMATIVELY OR REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE 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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

	tificate holder in lieu of such endor	seme	ent(s)							
PRODI					CONTACT NAME: Kari Janzen					
450	ed Agencies Inc. N. Brand Blvd. #820				PHONE (A/C, No	. Ext): 818-643	3-2300	FAX (A/C, No):	818-64	3-2313
Gler	idale CA 91203				PHONE (A/C, No. Ext); 818-643-2300 (A/C, No. Ext); 818-643-2313 (E-MAIL ADDRESS: kjanzen@unitedagencies.com					
								RDING COVERAGE		NAIC#
1					INCLIDE			ialty Insurance Company		44520
INSUR	ED	LUXS	OLU-01			RB: Sentinel	•			11000
Lux	Solutions LLC					-	10.7			
	Towne Lake Pkwy #116-258					Rc: Ohio Sec	curity insurar	ice Company		24082
Woo	dstock GA 30189				INSURE					
1					INSURE	RE:				
					INSURE	RF:				
_				NUMBER: 1168090649				REVISION NUMBER:		
IND	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	e	
A A	GENERAL LIABILITY	INSR	WVD	EPK-117437		(MM/DD/YYYY) 6/8/2017	6/8/2018	EACH OCCURRENCE		200
H	X COMMERCIAL GENERAL LIABILITY						0.0.2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,0	
l F	Commercial Center of Earth Commercial Commercial Center of Center								\$ 100,00	0
I -	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$ 5,000	
1 +								PERSONAL & ADV INJURY	\$ 1,000,0	000
1 -								GENERAL AGGREGATE	\$ 2,000,0	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,0	000
	POLICY X PRO- JECT LOC								\$	
. ⊢	AUTOMOBILE LIABILITY			BAS(18)58289809		9/8/2017	6/8/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
1 [ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS AUTOS						PROPERTY DAMAGE (Per accident) \$			
								V FI MENIAPIN	\$	
A	UMBRELLA LIAB X OCCUR			EFX-107728		6/8/2017	6/8/2018	EACH OCCURRENCE	\$ 4,000,0	200
1 7	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 4,000,0	
	DED RETENTION\$	1							\$	
	WORKERS COMPENSATION			72 WEC AB6973		10/28/2017	6/8/2018	X WC STATU- OTH-	Ψ	
1 13	AND EMPLOYERS' LIABILITY									
1 3	ANY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000,0	-
1 1	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below			Discussion	_			E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	
C	Rented/Leased Equipment lired Auto Physical Damage			BKS(18)58289809 BAS(18)58289809		9/8/2017 9/8/2017	6/8/2018 6/8/2018	Limit Limit	\$200,00 \$50,000 whiche	0 or ACV ver is less
DESCR	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schodule, if more space is required)									
Subje	ect to all policy terms conditions and ex	clus	ions.	30 days NOC except 10 for	r non-pa	ayment of pre	mium.			
Proof	of Insurance.									
l										
1										
1										
OFFICIAL TO LIGHT HOLDER										
CER	TIFICATE HOLDER				CANC	ELLATION				
Lux Solutions, LLC 2295 Towne Lake Pkwy					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				ED BEFORE IVERED IN	
Woodstock GA 30189				AUTHORIZED REPRESENTATIVE						

ACORD 25 (2010/05)

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