



FOR ADDISON USE ONLY
 Permit Number: W-1333
 Location: 15101 Surveyor

APPLICATION
Right of Way Work Permit-FRANCHISE

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

PLEASE PRINT LEGIBLY

Date of Application: 2/20/2018
 Facility Owner Company: Spectrum Company Phone #: 214-470-5833
 Utility/CTP Representative: Edwin Milo Cell Phone #: 214-470-5833
 Utility/CTP Representative E-mail: edwin.milo@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: stephen.smith Site Foreman E-mail: stephen.smith@tcscmm.com
 Work Site Address and Location: 15101 Surveyor Blvd DID 1579283 31,000 Feet

Purpose and general description of work: install new service
 Proposed Start Work Date: 2/22/2018 Estimated Completion Date: 6/22/2018

Pavement Cut? Yes No Directional Bore/Boring? Yes No Excavation? Yes No
 Lane Closure? Yes No Other: _____

Kasondra Pipkin  Coordinator / Project Services
 Applicant's Printed Name Signature Position with Company

Applicant's E-mail: kasondra.pipkin@tcscmm.com Applicant's Phone #: 817-864-9337

Rob Briggs 214-490-0781 TCS Communications LLC
 Direct Supervisor's Name Phone Number Company Name

Supervisor's E-mail: robert.briggs@tcscmm.com

FOR ADDISON USE ONLY

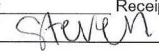
Received By: Nicole S. Entered? Yes Received Date: 2-21-18

Approved By:  Inspector: JEP/DW Issue Date: 2/22/18

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 3/1/18

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

Fee Paid: NA Receipt #: CTP Processed By: Nicole S.

Picked Up By:  Company: TCS Date & Time: 2-23-18

TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT SERVICES DEPARTMENT 11:45 AM
 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2017

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 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 The Hanks Group 6112 McCart Ave Suite 205 Fort Worth, TX 76133	CONTACT NAME: Lisa Funk	PHONE (BUS, H/O, EXT): 817-557-0915	FAX (BUS, H/O, EXT): 214-275-8375
	EMAIL ADDRESS: funkl4@hanksgroup.com		
INSURED John Jerry DBA Jerry Blanes Construction LLC 6411 Wallace Lane Colleyville, TX 76034	INSURER(S) AFFORDING COVERAGE	POLICY #	
	INSURER A: Evanston Insurance Company		
	INSURER B: Evanston Insurance Excess		
	INSURER C: Progressive Insurance		
	INSURER D: Texas Mutual Insurance Company		
	INSURER E:		
	INSURER F:		

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.

DESCRIPTION	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:	X X	3AA135553	05/19/2017	05/19/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp <input checked="" type="checkbox"/> Collision	X X	06178993-0	05/19/2017	05/19/2018	COMBINED SINGLE LIMIT (All accidents) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PRO PERTY DAMAGE (Per accident) \$ \$500/500
B	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	X X	EZXS1011434	05/19/2017	05/19/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (mandatory in NH) If yes, describe type of DESCRIPTION OF OPERATIONS below	Y/N N/A	0001325572	05/20/2017	05/20/2018	<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)
Charter Communications Operating, LLC, TCS Communications, LLC its direct and indirect parent(s), subsidiary(ies) and affiliated companies, their respective officers, directors, stockholders, employees and agent included as Additional Insured on the General Liability and Automobile Liability. Waiver of Subrogation, Primary and Non-Contributory, 30 Day Cancellation is included in the General Liability. **ADDITIONAL INSURED STATUS INCLUDED UNDER THE UMBRELLA/EXCESS LIABILITY ON A PRIMARY NON-CONTRIBUTORY BASIS**

CERTIFICATE HOLDER TCS Communications, LLC 2045 W Union Ave Bld 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 Lisa Funk
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Permit Number:	<u>W-1333</u>
Location:	<u>15101 Surveyor</u>

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

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

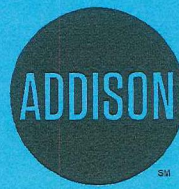
Sub-Contractor's E-mail: _____

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

Site Supervisor's E-mail: _____

Insurance Provided? Yes No On File

RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT



INFRASTRUCTURE &
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1333

PERMIT NUMBER

2/22/18

START DATE

6/22/18

EST. COMPLETION DATE

TCS COMM SPECTRUM

CONTRACTOR

FOR

15101 SURVEYOR

LOCATION (ADDRESS)

CROSSING ARAPAHO WEST OF SURVEYOR

LOCATION (ACTUAL)

INSTALL CABLE SERVICE TO ADDRESS

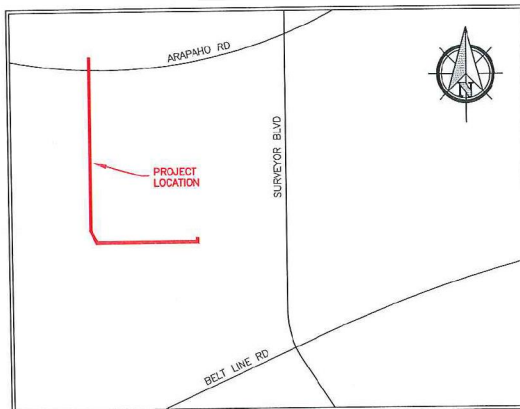
TYPE OF WORK

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

Spectrum

31,000 FEET
15101 SURVEYOR BLVD
ADDISON, TEXAS

VICINITY MAP



GENERAL PROJECT NOTES

1. ALL CONSTRUCTION WORK WITHIN THE PUBLIC RIGHT-OF-WAY SHALL BE DONE IN ACCORDANCE WITH THE ORDINANCES AND REGULATIONS OF THE MUNICIPALITY IN WHICH THE WORK IS TO BE PERFORMED.
2. EXISTING UTILITY LOCATIONS SHOWN ARE TAKEN FROM AVAILABLE RECORDS AND MAY NOT BE ALL INCLUSIVE. UTILITY LOCATIONS ARE GENERALLY SCHEMATIC IN NATURE AND MAY NOT ACCURATELY REFLECT THE SIZE AND LOCATION OF EACH PARTICULAR UTILITY. THE CONSTRUCTION CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ACTUAL LINE LOCATES IN THE FIELD AND THE PROTECTION OF ALL EXISTING FACILITIES WHETHER SHOWN OR NOT. THE CONSTRUCTION CONTRACTOR SHALL ALSO ASSUME RESPONSIBILITY FOR REPAIRS TO ANY EXISTING FACILITY DAMAGED AS A DIRECT RESULT OF THE CONSTRUCTION ACTIVITIES WHETHER THE FACILITY IS SHOWN ON THE DRAWINGS OR NOT.
3. THE CONSTRUCTION CONTRACTOR SHALL BE RESPONSIBLE FOR CONTACTING ALL DEPARTMENTS WITHIN THE MUNICIPALITY AND THE UTILITY COMPANIES AT LEAST TWO WORKING DAYS PRIOR TO THE COMMENCEMENT OF WORK.

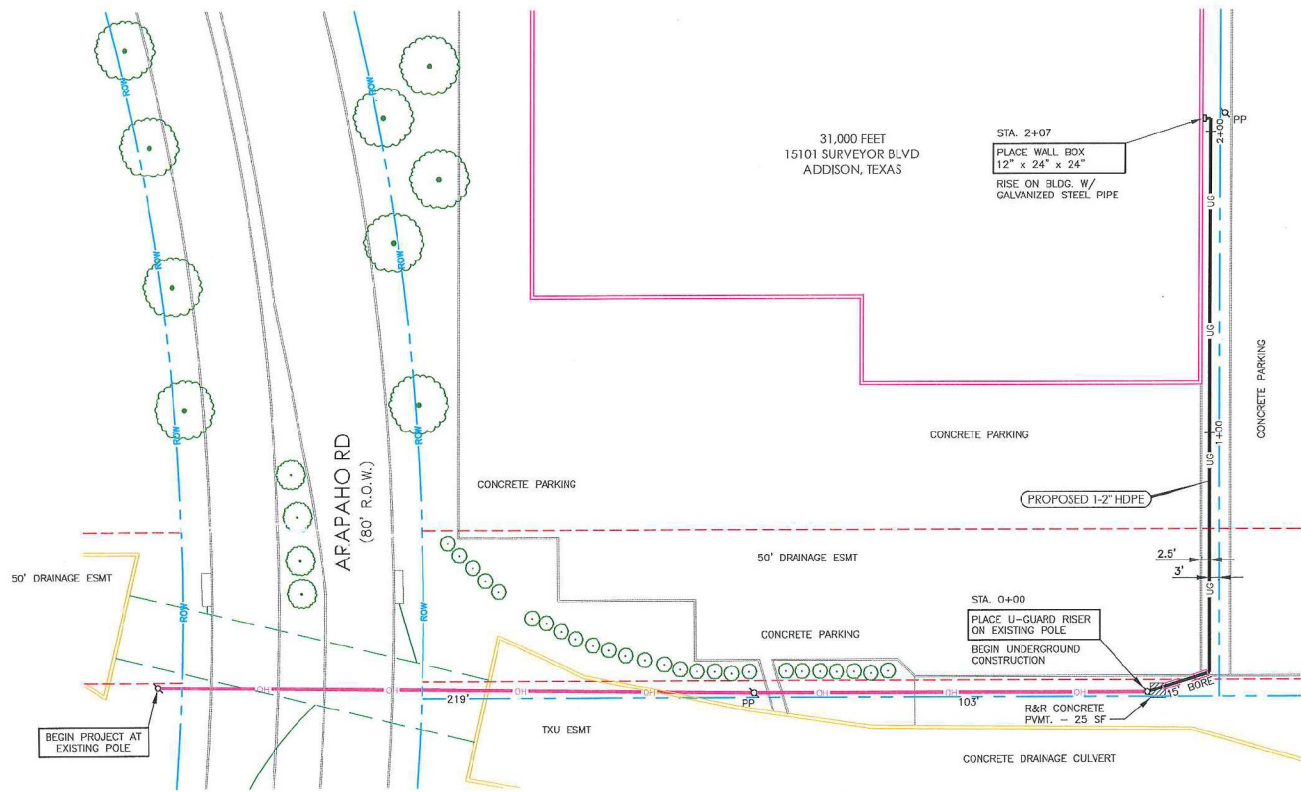
CALL BEFORE YOU DIG
811

IT'S THE LAW

4. IT SHALL BE THE RESPONSIBILITY OF THE CONSTRUCTION CONTRACTOR TO: A) PREVENT DAMAGE TO PRIVATE AND PUBLIC PROPERTY. B) RESTORE ALL AREAS EFFECTED BY THE CONSTRUCTION TO ORIGINAL OR BETTER CONDITION.
5. BARRICADING AND TRAFFIC CONTROL SHALL BE THE RESPONSIBILITY OF THE CONSTRUCTION CONTRACTOR AND SHALL CONFORM TO THE "TEXAS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES". TRAFFIC FLOW AND ACCESS SHALL BE MAINTAINED DURING ALL PHASES OF CONSTRUCTION. THE CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR PROVIDING TRAFFIC SAFETY MEASURES FOR WORK ON THE PROJECT. THE WORK SITE SHALL BE SUITABLY LIT AND BARRICADED AT NIGHT.
6. THE CONSTRUCTION CONTRACTOR SHALL ABIDE BY ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS GOVERNING EXCAVATION. THE CONSTRUCTION CONTRACTOR SHALL PROVIDE ALL TRENCH SAFETY SYSTEMS THAT COMPLY WITH ALL LAWS GOVERNING EXCAVATION. THE CONSTRUCTION CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR ALL ASPECTS OF WORK RELATED TO EXCAVATION.
7. ALL CONCRETE USED IN ANY ROADWAY SHALL BE IN COMPLIANCE WITH THE SPECIFIED CLASSES OF CONCRETE IN THE STANDARD SPECIFICATIONS 5.8 "PORTLAND CEMENT CONCRETE PAVEMENT" AND 7.4.5 "QUALITY OF CONCRETE" AS AMENDED BY THE ADDENDUM TO THE NORTH CENTRAL TEXAS STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION - 2004. ALL OTHER CONCRETE SHALL BE CLASS A CONCRETE.
8. ALL REINFORCING STEEL AND DOWEL BARS IN PAVEMENT SHALL BE SUPPORTED AND MAINTAINED AT THE CORRECT CLEARANCES BY THE USE OF BAR CHAINS OR OTHER APPROVED SUPPORT.
9. ALL CONDUIT MUST BE PLACED WITH A MINIMUM 42" OF COVER, UNLESS OTHERWISE SPECIFIED.
10. ALL BACKFILLING WILL BE MECHANICALLY TAMPED IN LIFTS TO A DENSITY OF 95% PROCTOR. THE REQUIRED DENSITY WILL BE OBTAINED BY USING TAMPERS, RAMMERS OR ROLLING EQUIPMENT. LIFTS MAY VARY ACCORDING TO THE TYPE OF EQUIPMENT USED TO OBTAIN THE REQUIRED DENSITY. SAND AND DEBRIS FREE MATERIAL WILL BE USED FOR BACKFILL.

DFWT CONTACT: DAVID HATTON 972.670.2113

PREPARED BY: DFW TELECOM, INC.



PREPARED BY:

 DFW CONTACT:
 DAVID HATTON 972.670.2113

ESTIMATED SHEET TOTALS			
DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
TRENCH & PLACE CONDUIT	192'	PLACE FLUSH MOUNT VAULT	
BORE & PLACE CONDUIT	15'	PLACE PEDESTAL	
BORE & PLACE STEEL CASING		PLACE FLUSH DROP BUCKET	
PULL THROUGH EXISTING CONDUIT		PLACE POWER SUPPLY	
R & R CONCRETE SIDEWALK (SF)		PLACE WALL BOX & RISER	1
R & R CONCRETE PAVEMENT (SF)	25 SF	PLACE U-GUARD RISER	1
OVERHEAD: OVERLASH	322'	OVERHEAD: NEW BUILD	



PROJECT: 31,000 FEET
 ADDRESS: 15101 SURVEYOR BLVD
 CITY, STATE: ADDISON, TEXAS
 HORIZONTAL SCALE: 1" = 40'
 VERTICAL SCALE: 1" = 10'
 JOB NUMBER: 1579283
 DATE: 02-16-2018

