



FOR ADDISON USE ONLY  
 Permit Number: W-1342  
 Location: 14617-32 Flanders Ct.

**APPLICATION**  
**Right of Way Work Permit-FRANCHISE**

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

**PLEASE PRINT LEGIBLY**

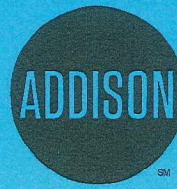
Date of Application: 3/7/17  
 Facility Owner Company: Spectrum Cable Company Phone #: \_\_\_\_\_  
 Utility/CTP Representative: Lyle Bradley Cell Phone #: 214-846-5286  
 Utility/CTP Representative E-mail: lyle.bradley@charter.com  
 General Contractor: New Age Communications Construction LLC Company Phone #: 214-516-1918  
 Site Supervisor Name: Chris Caldwell 24-hour Phone #: 859-444-7836  
 Contractor E-mail: jkenn3210@gmail.com Site Foreman E-mail: ccaldwell@nacc-llc.com  
 Work Site Address and Location: 14617-14632 Flanders Ct.  
 Purpose and general description of work: Underground Cable Replacement - Directional Bore  
 Proposed Start Work Date: 3/12/18 Estimated Completion Date: 4/12/18  
 Pavement Cut?  Yes  No Directional Bore/Boring?  Yes  No Excavation?  Yes  No  
 Lane Closure?  Yes  No Other: \_\_\_\_\_  
Jessica Kennedy Jessica Kennedy Construction Manager  
 Applicant's Printed Name Signature Position with Company  
 Applicant's E-mail: jkenn3210@gmail.com Applicant's Phone #: 214-516-1918  
Chris Caldwell 859-444-7836 New Age Comm. Construction  
 Direct Supervisor's Name Phone Number Company Name  
 Supervisor's E-mail: ccaldwell@nacc-llc.com

**FOR ADDISON USE ONLY**

Received By: Nicolas Entered?  Yes Received Date: 3/8/18  
 Approved By: Dave Wilde Inspector: JF Issue Date: 3/9/18  
 Plans Submitted?  Yes  No  N/A Traffic Control Plan submitted?  Yes  No  N/A Expiration Date: 3/23/18  
 Insurance Provided?  Yes  No  On File Performance/Maintenance Bond?  Yes  No  On File  N/A  
 Fee Paid: NA Receipt #: CTP Processed By: Nicolas S.  
 Picked Up By: Jose Company: NAC Date & Time: 3.12.18

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

RIGHT OF WAY, EXCAVATION &  
LANE CLOSURE PERMIT



INFRASTRUCTURE &  
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE  
ADDISON, TEXAS 75001  
972.450.2871

**W-1342**

PERMIT NUMBER

**3/12/18**

START DATE

**4/12/18**

EST. COMPLETION DATE

**NEW AGE COMM**

CONTRACTOR

**SPECTRUM**

FOR

**14617—632 FLANDERS CT**

LOCATION (ADDRESS)

**FROM PEDESTAL TO PEDESTAL TO PEDESTAL**

LOCATION (ACTUAL)

**REPLACE DAMAGED CABLE**

TYPE OF WORK

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2017

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 1 West 4th Street Cincinnati OH 45202	<b>CONTACT NAME:</b> Karen McCloud <b>PHONE (A/C, No., Ext.):</b> 513-977-3186 <b>FAX (A/C, No.):</b> 513-977-4686 <b>E-MAIL ADDRESS:</b> karen_mccloud@ajg.com
<b>INSURED</b> New Age Communications Construction LLC Attn: Jay Martin 1230 W 8th Street Cincinnati OH 45203	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cincinnati Insurance Company NAIC # 10677 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER:** 1018887040      **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	ADDL SUBR INSD VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OH EmployersLiab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y Y	ENP 0132959	3/27/2017	3/27/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 OH Employers Liab \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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		ENP 0132959	3/27/2017	3/27/2018	*COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		ENP 0132959	3/27/2017	3/27/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Leased/Rented Equipment		ENP 0132959	3/27/2017	3/27/2018	Limit \$100,000

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

Class 1  
 Time Warner Cable Inc., its subsidiaries, affiliated companies, directors, officers, employees and agents, municipalities, and utility companies are named as additional insureds ATIMA per attached form GA233 2/07. Coverage is primary for claims or losses resulting from the negligence of the insured. A waiver of subrogation applies in favor of the certificate holder. 30 days notice of cancellation is provided.

Employee Dishonesty, \$1,000,000 limit. Cincinnati Insurance Company policy #ENP 0132959, policy period 8/2/16 - 3/27/19  
 See Attached...

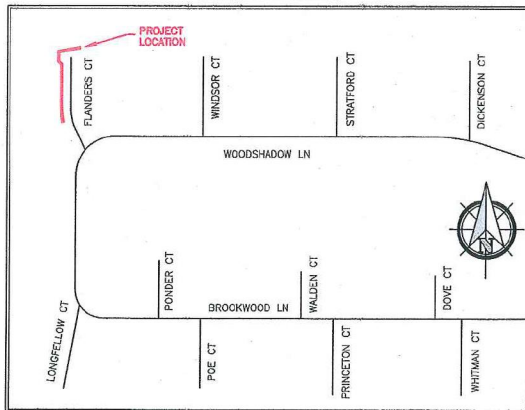
<b>CERTIFICATE HOLDER</b> Charter Communications, its subsidiaries and affiliated companies Attn: Juan Zapata 1565 Chenault St. Dallas TX 75228 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# Spectrum

RMO - 87374  
14617 FLANDERS CT  
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.

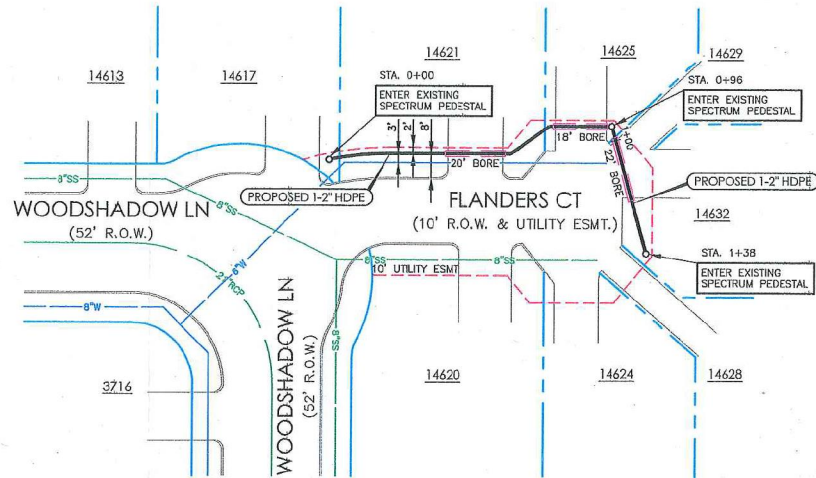
CALL BEFORE YOU DIG  
811  
IT'S THE LAW

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.

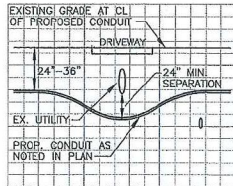
DFWT CONTACT: DAVID HATTON 972.670.2113

PREPARED BY: DFW TELECOM, INC.

LEGEND	
	PROPOSED CONDUIT
	BORE UNDER CONCRETE
	EXISTING CONDUIT
	EXISTING CUSTOMER CONDUIT
	OVERHEAD: NEW BUILD
	OVERHEAD: OVERLASH

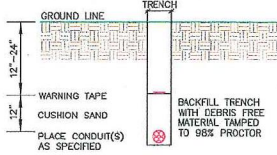


TYPICAL UTILITY CROSSING



TRENCH DETAIL

NOT TO SCALE



PREPARED BY:



DFWT CONTACT:  
DAVID HATTON 972.670.2113

ESTIMATED SHEET TOTALS

DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
TRENCH & PLACE CONDUIT	78'	PLACE FLUSH MOUNT VAULT	
BORE & PLACE CONDUIT	60'	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	
R & R CONCRETE PAVEMENT (SF)		PLACE U-GUARD RISER	
OVERHEAD: OVERLASH		OVERHEAD: NEW BUILD	

NORTH



1 SHEET  
OF 1

PROJECT: SPAN REPLACEMENT  
(REPLACE EXIST. CATV DUE TO DAMAGE)

ADDRESS: 14617 FLANDERS CT  
CITY, STATE: ADDISON, TEXAS

HORIZONTAL SCALE: 1" = 40'  
VERTICAL SCALE: 1" = 10'  
JOB NUMBER: 87374  
DATE: 02-07-2018