



FOR ADDISON USE ONLY
 Permit Number: W-1443
 Location: 4985 Addison Circle Dr

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: 06/06/2018
 Property Owner/Developer Name: Antonio's Company Phone #: _____
 Property Owner Contact Name: _____ Phone #: _____
 General Contractor Name: Crocker Crane Phone #: 972-445-1919
 Site Supervisor Name: Mike Thomas Jr 24 hour phone #: 214-797-5416
 Work Site Address and Location: 4985 Addison Cir., Addison TX

Purpose and general description of work: Remove & Replace AC unit
 Proposed Start Work Date: 06/15/2016 9am Estimated Completion Date: 06/15/2018 3:30 pm or earlier

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

Lane Closure? Yes No Other: Detour

Mike Thomas Jr Dispatch
 Applicant's Printed Name Signature Position with Company
MTJR@crockercrane.net Crocker Crane / 972-445-1919
 Applicant's Email Company Name & Phone Number

FOR ADDISON USE ONLY

Received By: [Signature] Entered? Yes Received Date: 6/6/18 10:25 AM

Approved By: [Signature] Inspector: JK/DW Issue Date: 6/11/18

Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 6/25/18

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

<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	Size	@\$	Each = \$
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	Size	@\$	Each = \$
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	Size	@\$	Each = \$
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	Size	@\$	Each = \$
<input checked="" type="checkbox"/> Other (Description) <u>Application fee</u>					= \$ <u>50.00</u>
PERMIT FEE TOTAL					= \$ <u>50.00</u>

Receipt #: _____ Processed By: [Signature]
 Picked Up By: MIKE Company: Crocker Crane Date & Time: 6-13-18 4:25 PM

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



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Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: Crocker Crane General Contractor's Phone #: 972-445-1919

Sub-Contractor #1 Company Name: Precision Air Address: 205 N Hwy175 Scagoville TX

Print Sub-Contractor's Name: Mike Clark Sub-Contractor Phone #: 469-951-8842

Sub-Contractor's E-mail: mike@preair.net

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: _____

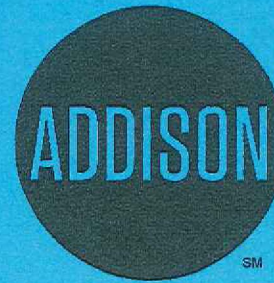
Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-mail: _____

Insurance Provided? Yes No On File

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RIGHT OF WAY, EXCAVATION &
LANE CLOSURE PERMIT



INFRASTRUCTURE &
DEVELOPMENT SERVICES

16801 WESTGROVE DRIVE
ADDISON, TEXAS 75001
972.450.2871

W-1443

PERMIT NUMBER

6/15/18

START DATE

6/15/18 CROCKER CRANE ANTONIO

EST. COMPLETION DATE

CONTRACTOR

FOR

4985 ADDISON CIRCLE DR

LOCATION (ADDRESS)

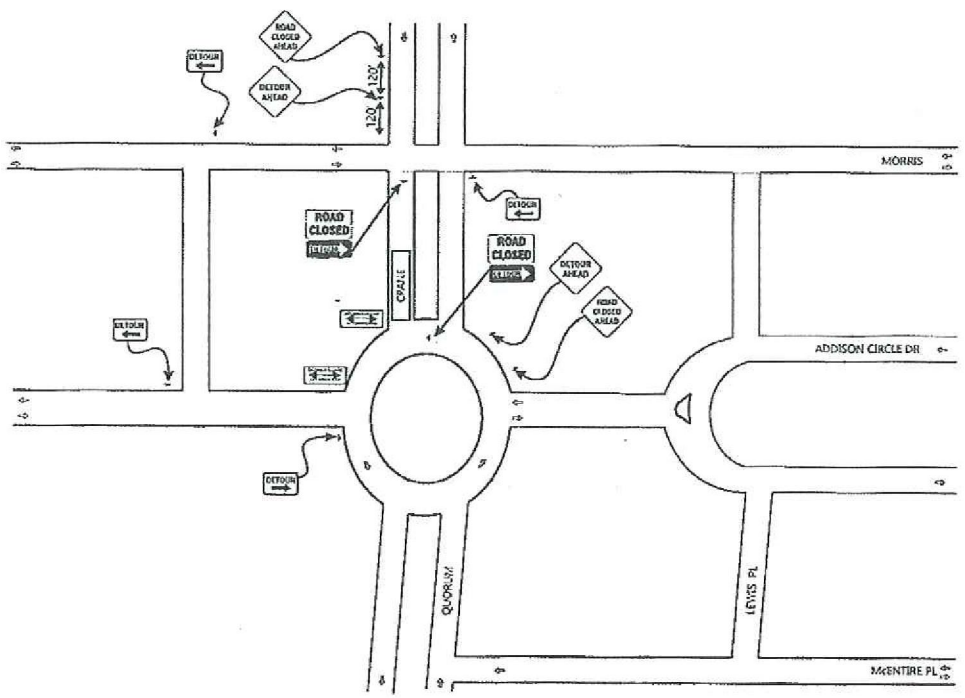
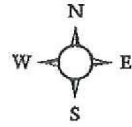
SOUTHBOUND QUORUM DRIVE SOUTH OF MORRIS

LOCATION (ACTUAL)

DETOUR TRAFFIC, REMOVE AND REPLACE AC UNITS ON ROOF

TYPE OF WORK

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



GENERAL NOTES

1. Location of cones and other traffic control devices to be installed shall be as shown on this plan.
2. It is the responsibility of the contractor to ensure that all workers and equipment are properly trained and equipped to perform the work shown on this plan.
3. The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities.

The contractor shall be responsible for ensuring that all workers and equipment are properly trained and equipped to perform the work shown on this plan.

- LEGEND**
- Arrow display
 - ▬ Channelizing devices
 - ⇨ Direction of traffic
 - ⊠ Sign
 - ⊠ Type I barricade
 - ⊠ Type III barricade
 - ▨ Work space

TEMPORARY TRAFFIC CONTROL PLAN			
Project Address 4985 Addison Circle	Project Number		
Prime Contractor Crocker Crane	Traffic Control Contractor American Barricade		
Phone 817-318-0003	Sheet Number 02-18910	Date 6-5-18	
Prepared By American Barricade Company, Inc.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2017

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 Coverica 5999 Summerside Suite 200 Dallas TX 75252	CONTACT NAME: Amanda Roberson PHONE (A/C, No, Ext): (972) 490-8800 E-MAIL ADDRESS: amanda.roberson@CoVerica.com FAX (A/C, No): (972) 490-2255													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: International Hanover Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: American Southern Home Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C: Texas Mutual Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D: Ironshore Specialty Ins Co.</td> <td></td> </tr> <tr> <td>INSURER E: Princeton Excess & Surplus Lines</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: International Hanover Insurance Co.		INSURER B: American Southern Home Ins. Co.		INSURER C: Texas Mutual Insurance Company		INSURER D: Ironshore Specialty Ins Co.		INSURER E: Princeton Excess & Surplus Lines		INSURER F:
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INSURER E: Princeton Excess & Surplus Lines														
INSURER F:														
INSURED RCD Equipment LLC dba Crocker Crane P. O. Box 141539 Irving TX 75014-1539														

COVERAGES CERTIFICATE NUMBER: Crocker 17/18 all 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 INSD	SUBR WVD	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"/> Riggers Liability <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TICMPF-0003002-00	11/5/2017	11/5/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ZLA6CA0000274-00	11/5/2017	11/5/2018	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 DED \$ RETENTIONS \$ 25,000			NBU00357-02	11/5/2017	11/5/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	0001205777	10/29/2017	10/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Umbrella			ILA3FF0000016-02	11/5/2017	11/5/2018	\$5,000,000 Each Occurrence \$5,000,000 Aggregate

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

CERTIFICATE HOLDER City of Addison 16801 Westgrove Dr Addison, 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 Ronald Thompson/AROB
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TOWN OF ADDISON
INFRASTRUCTURE & DEVELOPMENT SERVICES
16801 Westgrove Dr.
Addison, TX 75001
972-450-2881
Welcome

002432-0009 Nicole S. 06/13/2018 04:24PM

MISCELLANEOUS

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

50.00

Subtotal 50.00
Total 50.00

CREDIT CARD DEV. SVCS. 50.00
MasterCard *****2880
Ref=1563080701
Auth=093404
20180613F3D9
AID=A0000000041010
Invoice=20180613F3D9
AuthCode=093404
Entry=Chip_Read
AppLabel=MASTERCARD
ATC=002C
Seq=20180613F3D9

Change due 0.00

Paid by: MIKE - CROCKER CRANE

Comments: ROW APPLICATION FEE

Signature: _____

Thank you for your payment