



**FOR ADDISON USE ONLY**  
 Permit Number: W-1489  
 Location: 16652 Addison Rd.

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

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

**PLEASE PRINT LEGIBLY**

Date of Application: 07/17/2018  
 Facility Owner Company: AT&T Company Phone #: \_\_\_\_\_  
 Utility/CTP Representative: Kenneth Shykes Cell Phone #: 972-361-4236  
 Utility/CTP Representative E-mail: KS4106@att.com  
 General Contractor: Draftpros Company Phone # 469-399-0323  
 Site Supervisor Name: Nolan Ryan 24-hour Phone # 469-404-4274  
 Contractor E-mail: sperez@draftprosinc.com Site Foreman E-mail: nryan@draftprosinc.com  
 Work Site Address and Location: 16652 Addison Rd- Bent Tree Apartments.

Purpose and general description of work: Boring approx 9,684ft . Placing a PFP and HH  
 Proposed Start Work Date: 08/02/18 Estimated Completion Date: 09/28/18

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

Stephanie Perez Stephanie Perez Project Coordinator  
 Applicant's Printed Name Signature Position with Company  
 Applicant's E-mail: sperez@draftprosinc.com Applicant's Phone #: 214-289-6445  
Bryan Bailiff 305-632-3347 DraftPros Inc  
 Direct Supervisor's Name Phone Number Company Name  
 Supervisor's E-mail: bbailiff@draftprosinc.com

**FOR ADDISON USE ONLY**

Received By: Nicole S Entered? Yes Received Date: 7/17/18  
 Approved By: Dave Wilde Inspector: JF/DW Issue Date: 8/1/18  
 Plans Submitted? Yes No N/A Traffic Control Plan submitted? Yes No N/A Expiration Date: 8/15/18  
 Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A  
 Fee Paid: NA Receipt #: CTP Processed By: DB  
 Picked Up By: Stephanie Perez Company: DraftPros Date & Time: 8/2/2018

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:** DraftPros Inc **General Contractor's Phone #:** 469-399-0323

**Sub-Contractor #1** Company Name: San Gabrielle Address: 113 w vista, Garland TX 75041

Print Sub-Contractor's Name: Carlos Rodriguez Sub-Contractor Phone #: 214-448-2806

Sub-Contractor's E-mail: sangabrielle59@gmail.com

Print Site Supervisor's Name: Nolan Ryan Supervisor's Phone #: 469-404-4274

Site Supervisor's E-mail: nryan@draftprosinc.com

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





DRAFINC-01

NOHELIA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2018

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).

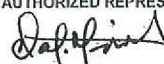
<b>PRODUCER</b> Acrisure, LLC d/b/a InSource 9500 South Dadeland Boulevard 4th Floor Miami, FL 33156-2867	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (305) 670-6111 E-MAIL ADDRESS: email@insource-inc.com	FAX (A/C, No): (305) 670-9699
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> DRAFTPROS, LLC DBA: DRAFTPROS, INC 5931 NW 173rd DR Suite B-4 Miami, FL 33015	<b>INSURER A:</b> Liberty Mutual Fire Ins. Co. <b>NAIC #</b> 23035	
	<b>INSURER B:</b> The First Liberty Insurance Corp <b>33588</b>	
	<b>INSURER C:</b> Liberty Insurance Corp <b>42404</b>	
	<b>INSURER D:</b> Employers Ins. Co. of Wausau <b>21458</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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.

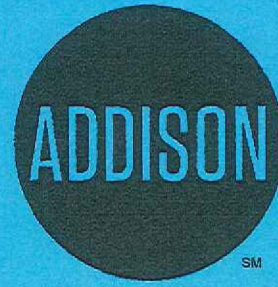
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			TB2-Z51-291858-027	08/24/2017	08/24/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS6-Z51-291858-017	08/24/2017	08/24/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			TH7-Z51-291858-047	08/24/2017	08/24/2018	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			WCC-Z51-291858-037	08/24/2017	08/24/2018	<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)

<b>CERTIFICATE HOLDER</b>  Town of Addison Infrastructure and Development Services Department 16801 Westgrove Rd Addison, TX 75001-9010	<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 



**RIGHT OF WAY, EXCAVATION &  
LANE CLOSURE PERMIT**



**INFRASTRUCTURE &  
DEVELOPMENT SERVICES**

16801 WESTGROVE DRIVE  
ADDISON, TEXAS 75001  
972.450.2871

**W-1489**

PERMIT NUMBER

**8/02/18**

START DATE

**9/28/18**

EST. COMPLETION DATE

**DRAFTPROS**

CONTRACTOR

**AT&T**

FOR

**16652 ADDISON RD**

LOCATION (ADDRESS)

**EAST SIDE OF ADDISON RD, BORE TO WEST, THEN THROUGHOUT APARTMENT COMPLE**

LOCATION (ACTUAL)

**PLACE TWO HANDHOLES, PFP CABINET, AND CABLE TO APARTMENTS**

TYPE OF WORK

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