

Village of Hinsdale 19 E. Chicago Avenue Hinsdale, IL 60521-3489 (630)789-7000 Village Website: www.villageofhinsdale.org

PUBLIC SERVICES UTILITY PERMIT APPLICATION - Permit Fee of \$100.00

Date of Application:	04/14/21 Permit No: ATT - 0012	Permit Expiration Date: 06/30/21					
Utility Company In	formation:	Contractor Information:					
Company Name: A	T&T	Company Name: JOSCO CONSTRUCTION					
Address: 1000 COMMI		Address: 2551 W DIVISION ST					
City, State, Zip: OAK		City, State, Zip: JOLIET, ILLINOIS					
Contact Person: BOI		Contact Person: JOE WIRTZ					
Phone Number: 630		Phone Number: 815-725-1975					
Email Address: RG27		Email Address: JOE.W@JOSCO.COM					
Cell Number: 630-63		Cell Number: 815-725-1975					
Project/Work Order		Cell Nulliber:					
	ON: PUBLIC ALLEY BEHIND 111 S LINCOLN ST AND COVERED UNDER THIS PERMIT: 2 LOCATIONS. PL	D ROW OF W 2ND ST BETWEEN S LINCOLN ST AND S WASHINGTON ST EASE SEE SKETCH FOR DETAILS					
Start Date: 05/01/202	1	Completion Date: 06/01/2021					
Currently registered	ecifications (3 sets) included with applications as a Utility Contractor with the Village of Hoff Cost included with application? ComEd Communications: Fiber Optic						
Applicant Informat							
Print Name: Bob Gil	bert	Phone Number: 630-573-5687					
Company: AT&T		Email Address: RG2721@ATT.COM					
Signature: Bob Gilber	Digitally signed by Bob Gilbert Date: 2021.04,14 06:56.29 -05'00'	Date: 04/14/2021					
THE FOLLOWING: STARECURRING SPECIAL CONTROL DEVICES FO	ANDARD SPECIFICATIONS FOR ROAD AND BI PROVISIONS BY THE ILLINOIS DEPARTMENT OR STREETS AND HIGHWAYS, STANDARD SPECII	EST EDITION IN EFFECT ON THE DATE OF PERMIT APPLICATION OF RIDGE CONSTRUCTION & SUPPLEMENTAL SPECIFICATIONS AND OF TRANSPORTATION, ILLINOIS MANUAL ON UNIFORM TRAFFIC FICATIONS FOR WATER AND SEWER MAIN CONSTRUCTION IN (Ord. O2007-73, 11-6-2007) AND ENGINEERING STANDARDS.					
Village Use Only							
Permit Approved:	YES NO						
Conditions for Appro	oval/Reasons for Denial: PROVIDE 48 START: ALC DISTUR J 14 DAYS OF COULDER	BED APEAS TO BE RESTORED					
Approved By:	Cx. H.Diat	Date: 04/14/2021					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/14/2021

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABON MODICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CTHER DOCUMENT WIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SURCEUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NEW TYPE OF INSURANCE MODISMS POLICY POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NEW TYPE OF INSURANCE MODISMS POLICY NUMBER (MMDD) TYPY, (MMDD) T	tr	ils certificate does	not confer rights	to the	cer	rms and conditions of t tificate holder in lieu of s	such endorsement(s	olicies may s).	require an endorsemen	t. A sta	atement on
Honetowne Insurance Services, Inc. 155 Chicago Rd. Oswego III. 60543 III.							CONTACT Tim Lev	erich			
DOWNED OSWOGO	Ho	metowne Insurance	Services, Inc.				DHONE	54-4040	FAX (A/C, No):	630-55	54-4646
INSURED INSU	15	5 Chicago Rd.					E-MAIL ADDRESS: tim@ho	metowneinsu			
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B Contractors Poll Liab Occ N N N G71110059001 03/23/2021 03/23/2022 Pollution Liab DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more space is required) Village of Hinsdale and its elected and appointed officers, officials, agents, and employees are listed as additional insured on the Automobile Liability when required by written contract. 30 Day Written Notice CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLIC THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS.											000.000
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Village of Hinsdale 19 E. Chicago Ave SHOULD ANY OF THE ABOVE DESCRIBED POLICY PROVISIONS.											
Village of Hinsdale 19 E. Chicago Ave THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS.	CE	RTIFICATE HOLDE	R				CANCELLATION				
Hinsdale IL 60521 Authorized Representative	19 E. Chicago Ave										
Tid-	Hinsdale IL 60521										

AGENCY CUSTOMER ID: CN103150778

LOC #: St. Louis

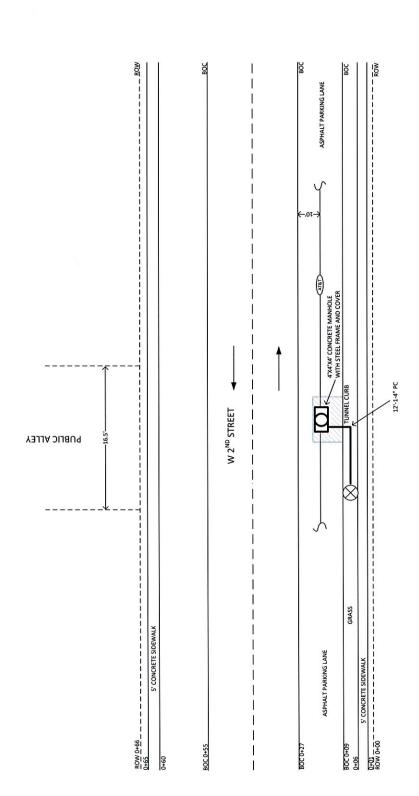


ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

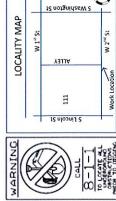
AGENCY Marsh USA Inc.		NAMED INSURED Illinois Bell Telephone Company, LLC One AT&T Plaza								
POLICY NUMBER	208 South Akard Room 1820									
CARRIER	NAIC CODE	Dallas, TX 75202 EFFECTIVE DATE:								
ADDITIONAL REMARKS		EFFECTIVE DATE:								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,										
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance										
Excess Workers' Compensation -MWXS 31363920 (OH-WA)										
Self Insured Retentions										
OH & WA - \$500,000,000 (except Terrorism) OH & WA - \$600,000,000 Terrorism										
0.14.11.1. \$000,000,000 10.10.10.11										
Excess Automobile Liability - MWZX 31363720 (MI)										
Combined Single Limit - \$1,000,000										
Self Insured Retention - \$1,000,000										
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HINSDALE PERMIT



AT&T contractor to saw-cut, remove and replace 10'X10' asphalt roadway. Dig pit and expose existing 9-duct conduit structure. Center of excavation approximately 6' north and 10' east of existing utility pole. Place one 4'X4'X4' concrete manhole with steel frame and cover over conduit structure. Trench and place 12' 4" plastic conduit from new manhole to existing pole. Tunnel curb. Sweep up conduit to pole. Repaint any disturbed parking spot striping to village specifications. Backfill with road grade gravel.

Area to be restored to original condition.



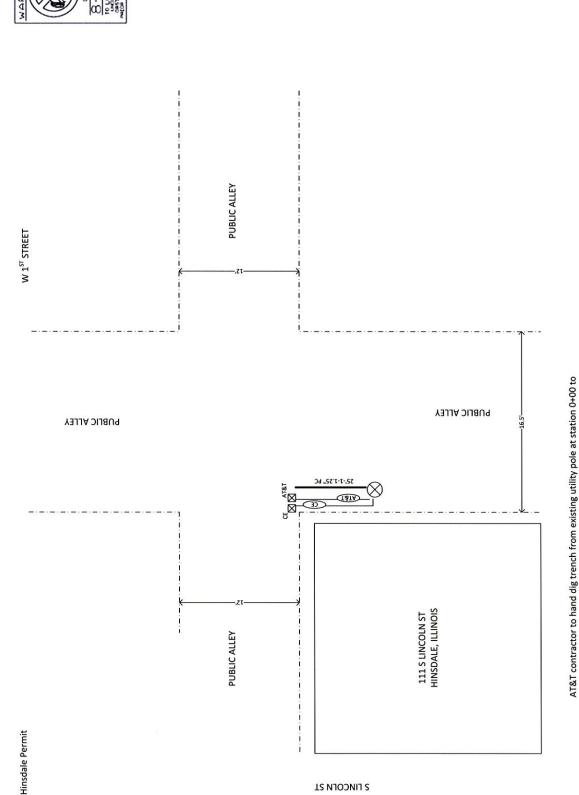
1. Locate all underground obstructions prior to digging. Contact J.U.L.I.E at 81148 hrs. in advance of digging 2. Restore all disturbed grounds to original or better condition 3. AT&T contractor to place conduit between 24"-36" deep 4. AT&T contractor to provide all

barricades and work area protection

1000 Commerce DR, Flr 2 Oak, Brook, IL 60523 UT# A021W5V
Engineer: Bob Gilbert
Tel No 630-573-5687
Quarter: NW Sec 12
Township: Downers Grove
Municipality: Hinsdale
County: Dupage
Wire Center: Hinsdale



Sheet 1 of 2



3. AT&T contractor to place conduit no

less than 24" deep

original or better condition

4. AT&T contractor to provide all barricades and work area protection

Locate all underground obstructions

LOCALITY MAP

W 1" St

111

prior to digging. Contact J.U.L.I.E at 811 48 hrs. in advance of digging

2. Restore all disturbed grounds to



UT# A021W5V

1000 Commerce DR, Flr 2 Oak, Brook, IL 60523

Engineer: Bob Gilbert Tel No 630-573-5687 Quarter: NW Sec 12 Township: Downers Grove Municipality: Hinsdale

existing pedestals at 0+25 and install one 1.25" plastic conduit. Saw-cut, remove and replace 75 square feet asphalt alley. Work required to bring fiber optic cable into 111 S Lincoln St.

Area to be restored to original condition.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/14/2021

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 this certificate does not confer rights						require an endorsemen	. A s	statement on
PRODUCER	to the cer	theate holder in hed or se	CONTAC	-	U.S. Operations	<u> </u>		
Marsh USA Inc.		PHONE OGG OGG AGGA FAX						
701 Market Street, Suite 1100 St. Louis, MO 63101		(A/C, No, Ext): (A/C, No):						
			ADDRES	J.J.		unangan managan		Annual Control
01400450770 0414 057 00 04	N	D00704 N	INSURER(S) AFFORDING COVERAGE					NAIC#
CN103150778-GAW-CRT-20-21 N	RG2721 N	INSURER A: Old Republic Insurance Company					24147	
INSURED Illinois Bell Telephone Company, LLC			INSURE	RB:				
One AT&T Plaza		INSURER C:						
208 South Akard Room 1820			INSURER D :					
Dallas, TX 75202			INSURER E :					
		V	INSURER F:					
COVERAGES CEI	RTIFICAT	E NUMBER:	CHI-	009829421-01		REVISION NUMBER:		
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A X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER MWZY 31363620		06/01/2020	(MM/DD/YYYY) 06/01/2021			5,000,000
				00/01/2020	00/01/2021	DAMAGE TO RENTED	\$	
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	1,000,000 N/A
						MED EXP (Any one person)	S	5,000,000
						PERSONAL & ADV INJURY	S	10,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	5,000,000
A AUTOMOBILE LIABILITY		MWTB 313635 20		06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
A X ANY AUTO		MWZX 31363720 (MI)		06/01/2020	06/01/2021	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	s	
HIRED NON-OWNED						PROPERTY DAMAGE	s	
AUTOS ONLY AUTOS ONLY						(Per accident)	S	
UMBRELLA LIAB OCCUP						51 OU GOOUEDENGE		
- Joseph Goodk						EACH OCCURRENCE	S	
GEAINIO-IVIAD	1					AGGREGATE	S	
A WORKERS COMPENSATION	-	MWC 31363820 (AOS)		06/01/2020	06/01/2021	v PER OTH-	S	
AND EMPLOYERS' LIABILITY Y / N		M110 01300020 (A00)		00/01/2020	00/01/2021	X PER OTH- STATUTE ER		5 000 000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	S	5,000,000
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	S	5,000,000
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	5,000,000
A Excess Workers' Compensation /		MWXS 31363920 (OH,WA)		06/01/2020	06/01/2021	EL Each Accident / EL Disease		1,000,000
Employers' Liability		See Second Page				EL Disease-Policy Limit		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIR RE: WEST 2ND STREET AND ALLEY BETWEEN S LIN The Village Of Hinsdale, Elected and Appointed Officers, respect to the requirements of the contract between the 4 Additional Insured is excess and non-contributory with th CERTIFICATE HOLDER Village Of Hinsdale	COLN ST AN Officials, Age Certificate Hol	D S WASHINGTON ST ents and Village Employees is/are inc	CANC	Additional Insured with respect to the	I under the Gener e interest of the A	al Liability and Automobile Liability dditional Insured and any other ins	surance	maintained by
Attn: Al Diaz 19 E Chicago Av Hinsdale, IL 60521	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							
				h USA Inc.	MATIVE			

Manaoni Mukrenjee