



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

PUBLIC SERVICES UTILITY PERMIT APPLICATION

Date of Application: 04/29/2020 Permit No: ComEd-0032 Permit Expiration Date: 09/30/20

Utility Company Information:

Company Name: ComEd
Address: One Lincoln Center
City, State, Zip: Oakbrook Terrace, IL 60181
Contact Person: Sandi Burton
Phone Number: 312-763-2198
Email Address: sburton@kdmengineering.com
Cell Number: 847-961-0623
Project/Work Order Number: WO16158217 5P200760

Contractor Information:

Company Name: JF Electric
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number: _____
Email Address: _____
Cell Number: _____

PROJECT LOCATION: Pole #4666061-221 located on Bob O Link Dr, east of N County Line Rd, Hinsdale, IL

Description of work covered under this permit: Replace one pole at LOC 1

Start Date: 06/01/2020

Completion Date: 09/01/2020

Site Plan/Details/Specifications (3 sets) included with application?
Certificate of Insurance included with application?

☒ YES ☐ NO
☐ YES ☒ NO

Type of Utility: ☒ ComEd ☐ Nicor ☐ Comcast ☐ Water ☐ Sewer
☐ Communications: ☐ Fiber Optic ☐ Wireless ☐ Other: _____

Applicant Information:

Print Name: Sandi Burton Phone Number: 847-961-0623
Company: ComEd Email Address: sburton@kdmengineering.com
Signature: Sandi Burton Digitally signed by Sandi Burton
Date: 2020.04.29 14:10:27 -0500 Date: 04/29/2020

ALL CONSTRUCTION SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITION IN EFFECT ON THE DATE OF PERMIT APPLICATION OF THE FOLLOWING: STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION & SUPPLEMENTAL SPECIFICATIONS AND RECURRING SPECIAL PROVISIONS BY THE ILLINOIS DEPARTMENT OF TRANSPORTATION, ILLINOIS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES FOR STREETS AND HIGHWAYS, STANDARD SPECIFICATIONS FOR WATER AND SEWER MAIN CONSTRUCTION IN ILLINOIS, AND THE VILLAGE OF HINSDALE SUBDIVISION ORDINANCE AND ENGINEERING STANDARDS.

Village Use Only

Permit Approved: YES NO

Conditions for Approval/Reasons for Denial: RESTORE ALL DISTURBED AREAS WITHIN 14 DAYS.

Approved By: A. Diaz Date: 05/06/20

FEEDER: W6618 12KV (3 OF 4)
AREA MAP 466-06N
DRAWING NOT TO SCALE
SET NEW POLE PER C7033
VEG MANAGEMENT REQUIRED
LABEL ALL EQUIPMENT PER C7493
SOME EQUIPMENT HIDDEN FOR CLARITY
CALL JULIE 48 HOURS PRIOR TO START OF WORK AT 800-892-0123

Permit Type
MUNICIPALITY

Project Name
0000266707

Office
MAYWOOD

Designer
MESHARI ALHARBI KDM

Location - Reason For Work
BOB O LINK DR & N COUNTY LINE RD

Work Order #
16156217

Permit Number
PENDING

SR #
NA

JWA #
NA

Phone #
(312) 763-2198

Schedule Group
TBD

Joint Work Contact
SER/CWA #

Phone RO #
NA

PD #
5P200760

Town or Township
LYONS TOWNSHIP

QS/Block
466061

NA

Contingent WO #s

Completed By:
NA

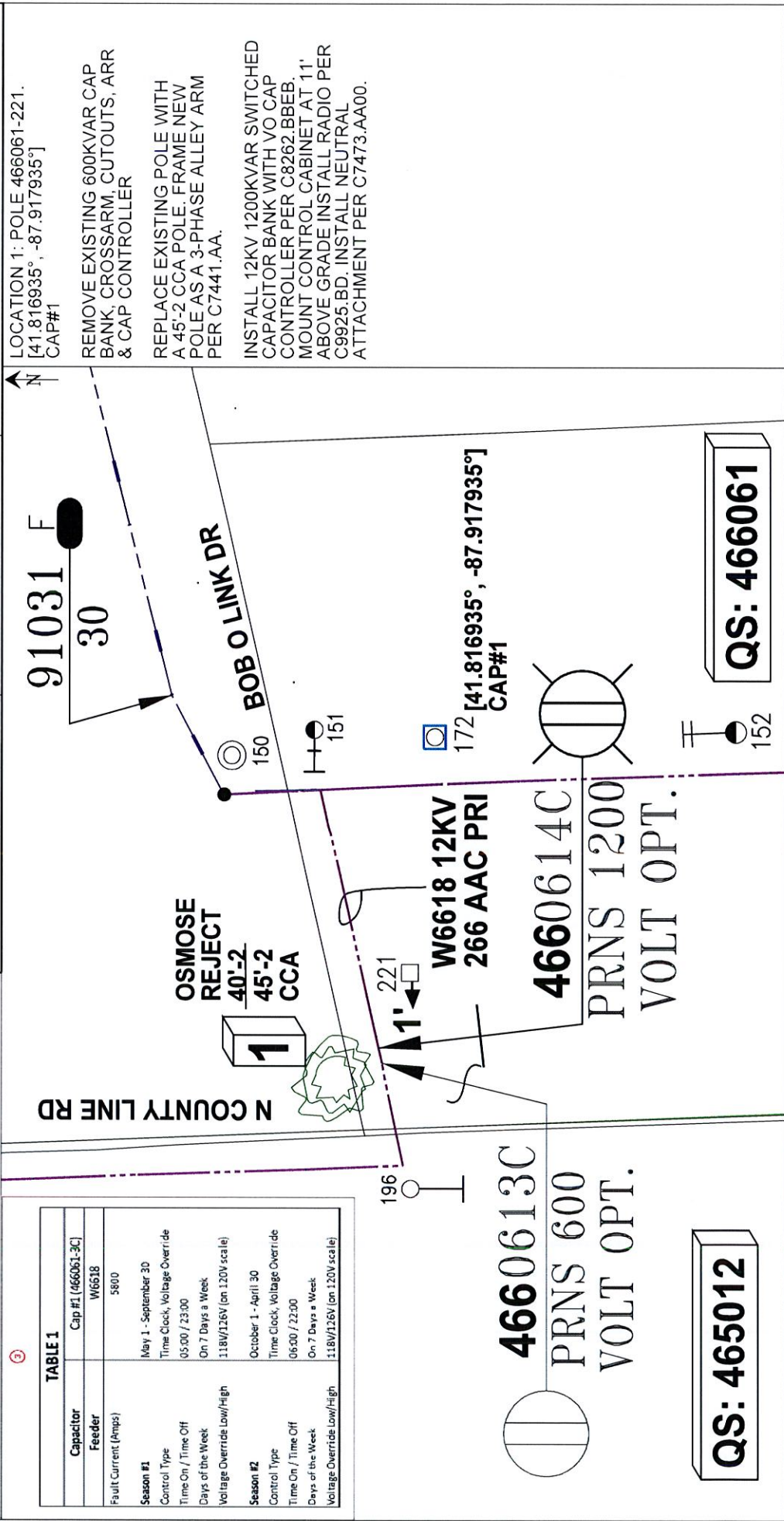
Date:
3/1/2020

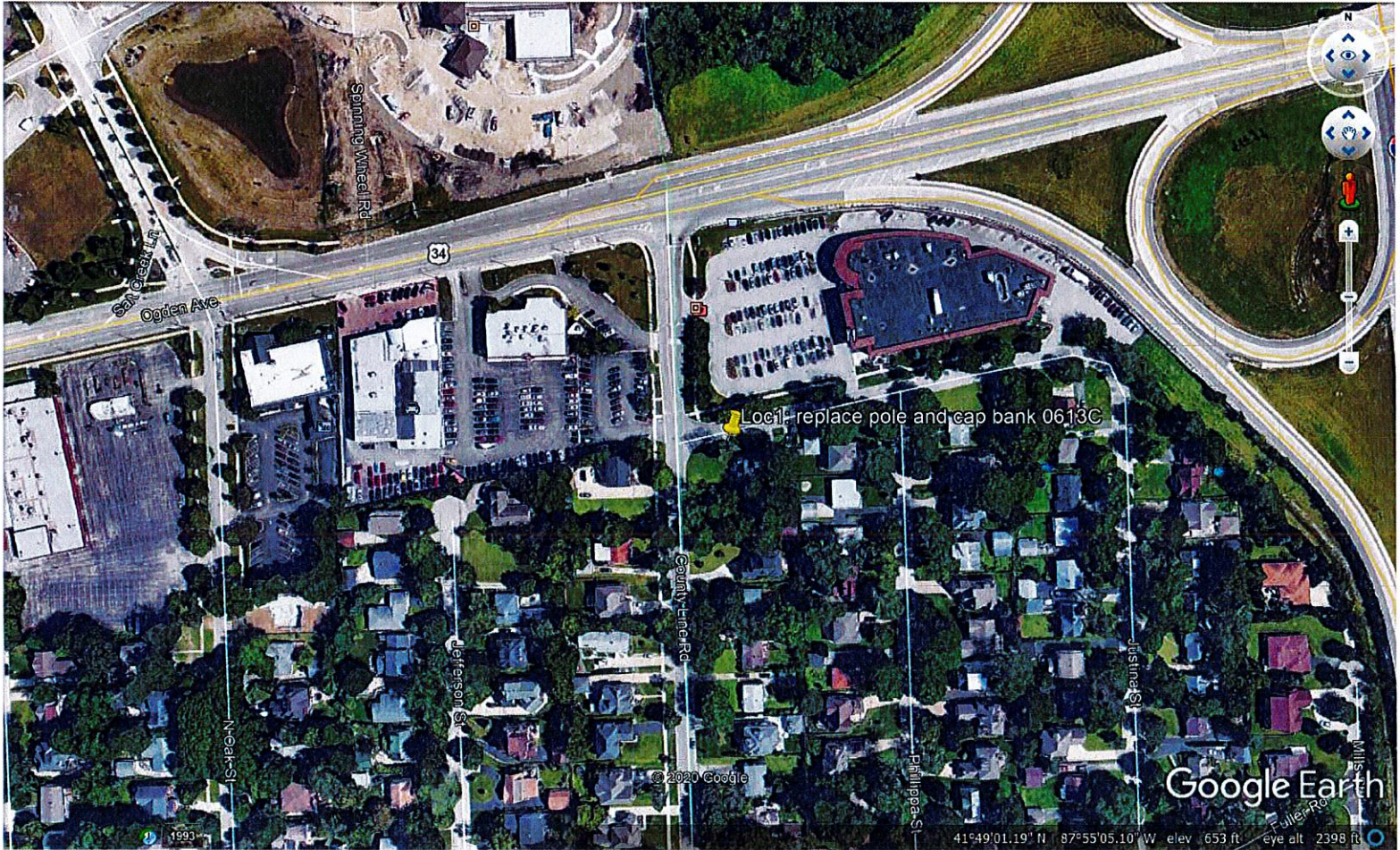
0.0 43.4 86.7 FT

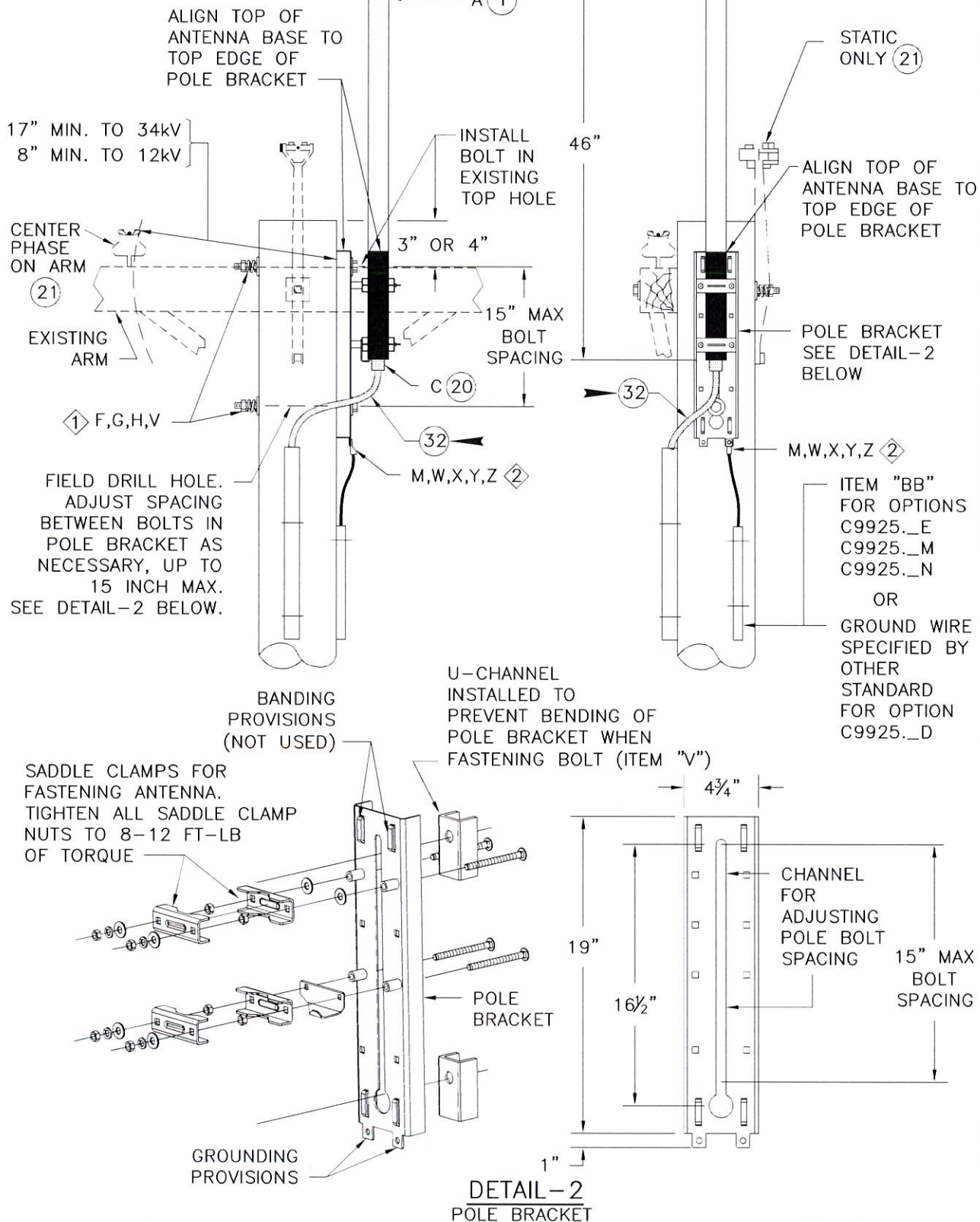
Page 1 of 1

Verified By:

Date:



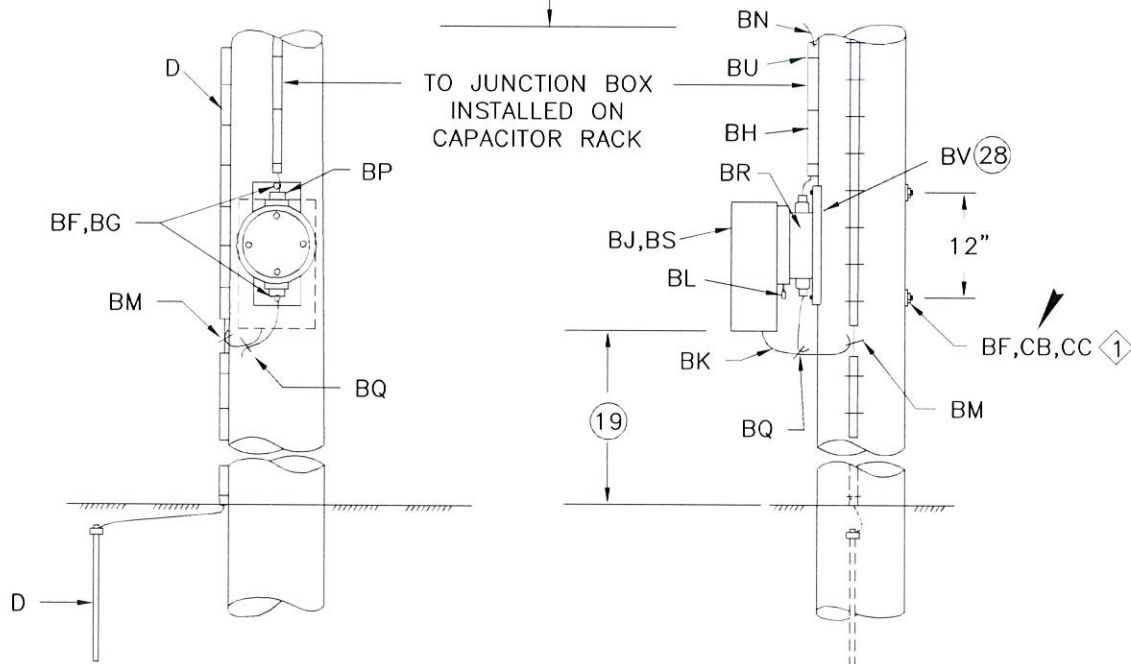




<u>C9925.B</u>	ANTENNA ON POLE BRACKET - 55 FT COAXIAL CABLE	(19b)(21)
<u>C9925.D</u>	ANTENNA ON POLE BRACKET - 35 FT COAXIAL CABLE	(19b)(21)
<u>C9925.F</u>	ANTENNA ON POLE BRACKET - 75 FT COAXIAL CABLE	(19b)(21)

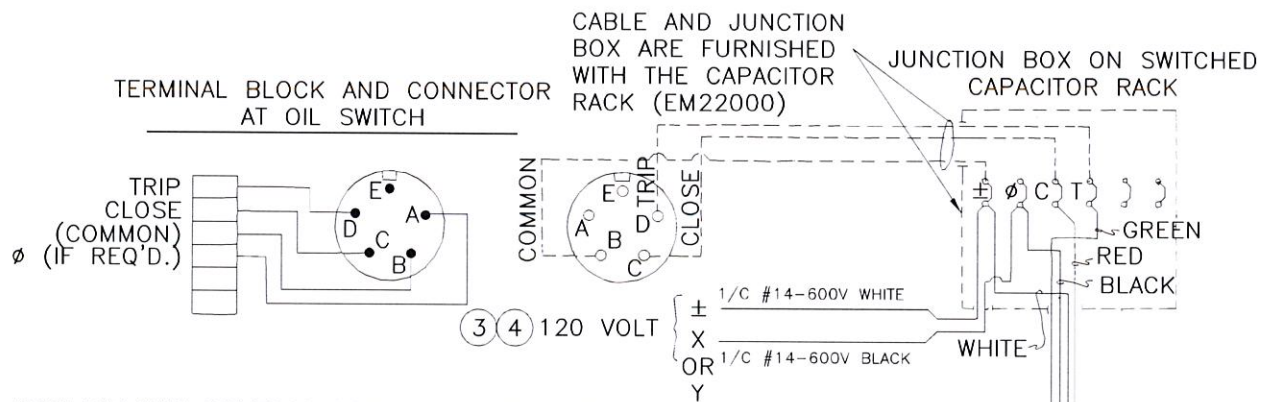
ACAD

FOR UPPER SECTION OF POLE
SEE PAGE 6 OR PAGE 7

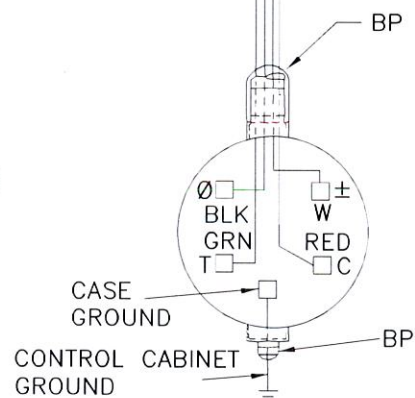
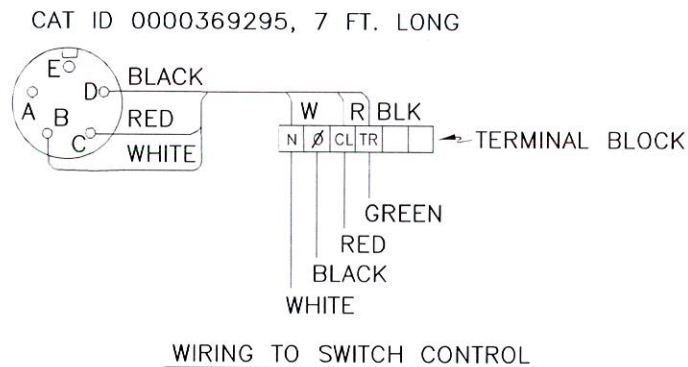


C8262.____A PROGRAMMABLE, MICROPROCESSOR-BASED

DIAGRAM OF INTERNAL CONNECTIONS



REPLACEMENT CONTROL CORDS FOR OIL SWITCHES



ACAD



CERTIFICATE OF LIABILITY INSURANCE

12/31/2020

DATE (MM/DD/YYYY)

4/29/2020

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 Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 1044339 J.F. Electric, Incorporated 100 Lakefront Parkway Edwardsville IL 62025	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: The Phoenix Insurance Company	NAIC # 25623
	INSURER B: Travelers Property Casualty Co of America	25674
	INSURER C: American Guarantee and Liab. Ins. Co. (120)	26247
	INSURER D: Gemini Insurance Company	10833
	INSURER E:	
	INSURER F:	


COVERAGES JFELE01 **CERTIFICATE NUMBER:** 16727762 **REVISION NUMBER:** XXXXXXXX

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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	VTN-CO-7164B590-PHX-19	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Excess Auto	N	N	VTJ-CAP-7164B577-TIL-19	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
D				GVE100237201	12/31/2019	12/31/2020	Excess Auto \$ 3,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$0	N	N	AUC9302080-18	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	UB-0N608693-20-25-G	1/1/2020	1/1/2021	<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

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

CERTIFICATE HOLDER**CANCELLATION** See Attachment

16727762 Village of Hinsdale 19 E Chicago Ave 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 

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Village of Hinsdale
19 E Chicago Ave
Hinsdale IL 60521

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID **16727762**.

✉Email: STL-edelivery@lockton.com

☎Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

The above inbox is for providing e-Delivery email addresses for next year's renewal certificates ONLY. Your information will be input within 90 days.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies