



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: 07/02/2020

Permit No. Comcast0025 Permit Expiration Date: 8-31-20

Utility Company Information:

Company Name: Comcast Cable
Address: 880 Donata Ct
City, State, Zip: Lake Zurich, IL 60047
Contact Person: Phillip Jones
Phone Number: 224.229.4455
Email Address: Phillip_Jones@comcast.com
Cell Number: 630.688.7432
Project/Work Order Number: JB380948

Contractor Information:

Company Name: Directional Construction Services, Inc.
Address: 440 S. Dartmoor Dr.
City, State, Zip: Crystal Lake, IL 60014
Contact Person: Scott Jones
Phone Number: 847.875.7153
Email Address: dcsjones@gmail.com
Cell Number: 847.875.7153

PROJECT LOCATION: 5609 Barton Lane

Description of work covered under this permit:

Install 485 feet of underground CATV cable by method of directional bore from 12 Barton Ln. to 16 Barton Ln. at a minimum depth of 36" along the directional bore line

Start Date: 08/05/2020

Completion Date: 08/12/2020

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: Amanda Page

Phone Number: 847.306.6452

Company: IMEG Corp.

Email Address: amanda.j.page@imegcorp.com

Signature: AmandagPage

Date: 07/02/2020

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 OF COMPLETION.

Approved By:

A. Diaz

Date:

7/2/20

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/01/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER USI Insurance Services LLC 2021 Spring Road, Suite 100 Oak Brook, IL 60523 312 442-7200 | | CONTACT NAME: Kelly Kottke PHONE (A/C, No, Ext): 630 625 5209 E-MAIL ADDRESS: kelly.kottke@usi.com FAX (A/C, No): 610 537 4874 | | | | | | | | | | | | | | | |
|---|--------|--|--|-------------------------------|--------|---|-------|--|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Directional Construction Services, Inc. 440 S Dartmoor Drive Crystal Lake, IL 60014-8713 | | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Westfield Insurance Company</td> <td>24112</td> </tr> <tr> <td>INSURER B : Accident Fund Ins Company of America</td> <td>10166</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Westfield Insurance Company | 24112 | INSURER B : Accident Fund Ins Company of America | 10166 | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | | | |
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| INSURER D : | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | |

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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 OTHER: | | TRA4689317 | 02/27/2020 | 02/27/2021 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 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 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | TRA4689317 | 02/27/2020 | 02/27/2021 | 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 EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0 | | TRA4689317 | 02/27/2020 | 02/27/2021 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| B | 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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | WCV6189233 | 05/21/2020 | 02/27/2021 | <input checked="" type="checkbox"/> PER STATUTE 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)

** Workers Comp Information **

Proprietors/Partners/Executive Officers/Members Excluded: Joe Auriemma, Jack M. Giannini, Jack E. Giannini

CERTIFICATE HOLDER

CANCELLATION

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

Adomas A. Chisnas



880 Donata Ct.
Lake Zurich, IL 60047
(224) 229-4455
FAX (847) 789-0234

REQUEST FOR PERMIT

To: Village of Hinsdale
Al Diaz
Assistant Village Engineer
19 Chicago Ave.
Hinsdale, IL 60521

Comcast Application No.: JB380948
Village No.: Comcast 0025
Expires On: 8/31/20

Dear Al,

Application is hereby submitted by IMEG Corp. on behalf of **Comcast Construction Department** and Directional Construction Services, Inc. for permission to perform the work as specified below:

To install 485 feet of underground CATV cable by method of directional bore from 12 Barton Ln. to 16 Barton Ln. at a minimum depth of 36" along the directional bore line as shown on the attached drawings.

REASON FOR WORK:

To install replacement CATV cable. New CATV cable will be installed to replace existing damaged CATV cable.

SEE ATTACHED PROJECT ID NUMBER JB380948
PERMIT APPLICATION DRAWING FOR MORE DETAILS

Note: All restoration will conform to the specifications required by the Village of Hinsdale.

Permit Requested By: Phillip Jones, COMCAST Construction Specialist Date: 07/01/20

Permit Granted By:  Date: 7/2/20

Contact:
Phillip Jones, COMCAST Construction Specialist
880 Donata Ct, Lake Zurich, IL 60047

Phone:
224.229.4455
630.688.7432

email:
Phillip_Jones@comcast.com

Amanda Page, IMEG Corp.
4850 Grand Ave, Gurnee, IL 60031

847.306.6452

Amanda.J.Page@imegcorp.com

Scott Jones, Directional Construction Services, Inc.
440 S. Dartmoor Dr. Crystal Lake, IL 60014

847.875.7153

dcsjones@gmail.com

COMCAST CABLE INSTALLATION

BARTON LN. VILLAGE OF HINSDALE COOK COUNTY, ILLINOIS

STANDARD SYMBOLS

PROPOSED

EXISTING

STORM MANHOLE
STORM INLET
STORM INLET
STORM DOUBLE INLET
FLARED END SECTION
DOWNSPOUT
SANITARY MANHOLE
SANITARY/STORM CLEANOUT
WATER VALVE
HYDRANT
WATER METER
WATER SERVICE
POWER POLE
ELECTRIC MANHOLE
ELECTRIC PEDESTAL/TRANSFORMER
ELECTRIC METER
CABLE TV VAULT
CABLE TV PEDESTAL
GAS VALVE
GAS METER
AIR CONDITIONING UNIT
LIGHT POLE
TREE
CENTERLINE
R.O.W. LINE
SANITARY SEWER
STORM SEWER
WATER LINE
UNDERGROUND ELECTRIC
GAS LINE
UNDERGROUND UTILITY LINE
TREE LINE
TRACKS

PROJECT LOCATION

VICINITY MAP
NOT TO SCALE

INDEX OF SHEETS

| SHEET NO. | TITLE |
|-----------|-------------|
| 1 | COVER SHEET |
| 2 | SITE PLAN |



CALL JULIE 1-800-892-0123
WITH THE FOLLOWING:
COUNTY: COOK
TOWNSHIP NAME OR NO: 138N-R12E
SECTION NO: 18
48 HOURS BEFORE YOU DIG
(TWO WORKING DAYS)

OWNER
COMCAST CABLE
380 DONATA COURT
LAKE ZURICH, IL 60047
724-229-8455
PHILLIP JONES

CONTRACTOR
DIRECTIONAL CONSTRUCTION SERVICES, INC.
CRYSTAL LAKE, IL 60014
440 S. CARMICHAEL DR.
847-875-7153
SCOTT JONES



IMEG CORP.
GURNEE DIVISION
HARLAN M. DOLAND
ILLINOIS LICENSED PROFESSIONAL ENGINEER
NO. 062-048691
EXPIRATION DATE 11/30/21

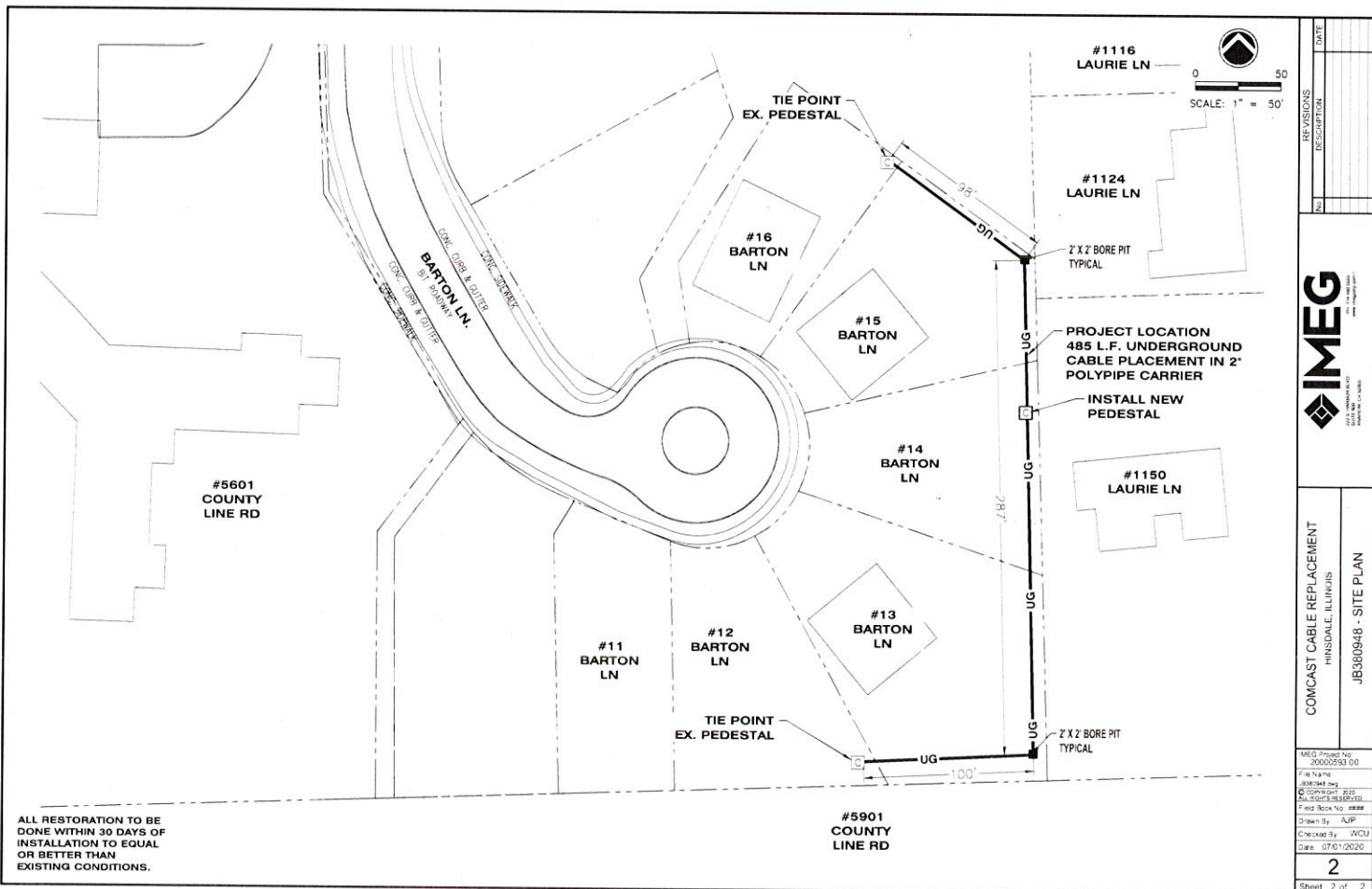


COMCAST CABLE REPLACEMENT
HINSDALE, ILLINOIS
JB380948 - COVER SHEET

AMS Project No. 20000593 00
File Name: JB380948.dwg
User: JONES, SCOTT
Field Book No. ###
Drawn By: AJP
Checked By: WOU
Date: 07/01/2020
1
Sheet 1 of 2

Wednesday, July 1, 2020 2:15:49 PM
 C:\2020\20000553\00\PROJECTS\05\JB380948\JB380948.DWG

ALL RESTORATION TO BE
 DONE WITHIN 30 DAYS OF
 INSTALLATION TO EQUAL
 OR BETTER THAN
 EXISTING CONDITIONS.



| NO. | REVISIONS | DESCRIPTION | DATE |
|-----|-----------|-------------|------|
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|--|---------------------------|
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| COMCAST CABLE REPLACEMENT HINSDALE, ILLINOIS JB380948 - SITE PLAN | |
| WED Project No. 20000553 00 | File Name JB380948.dwg |
| User J. B. Smith | Plot Date 07/01/2020 |
| Drawn By J. B. Smith | Checked By J. B. Smith |
| Date 07/01/2020 | Sheet 2 of 2 |