



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: 08/28/20 Permit No. Comcast0027 Permit Expiration Date: 10/31/20

Utility Company Information:

Company Name: Comcast Cable
Address: 880 Donata Ct
City, State, Zip: Lake Zurich
Contact Person: Phillip Jones
Phone Number: (224) 229 4455
Email Address: phillip_jones@comcast.com
Cell Number: (630) 688 7432
Project/Work Order Number: JB416408

Contractor Information:

Company Name: Directional Construction Services
Address: 440 Donata Ct
City, State, Zip: Crystal Lake, IL
Contact Person: Scott Jones
Phone Number: (847) 875 7153
Email Address: dcsjones@gmail.com
Cell Number: _____

PROJECT LOCATION: 911 Garfield St

Description of work covered under this permit: To install 103 feet of underground CATV cable by method of directional bore from 901 Garfield St to 919 Garfield St at a minimum depth of 36" along the directional bore line as shown on the attached drawings.

Start Date: 9/21/20

Completion Date: 9/25/20

Site Plan/Details/Specifications (3 sets) included with application? ☒ YES ☐ NO
Certificate of Insurance included with application? ☒ 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: Amandapage Date: 08/28/20

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 CABLE INSTALLATION.

Approved By: A. Diaz Date: 08/28/20



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.: JB416408
Village No.: Comcast 0027
Expires On: 10-31-20

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 103 feet of underground CATV cable by method of directional bore from 901 Garfield St to 919 Garfield St 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 JB416408
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: 08/28/20

Permit Granted By:  A. Diaz Date: 08/29/20

Contact:	Phone:	email:
Phillip Jones, COMCAST Construction Specialist	224.229.4455	Phillip_Jones@comcast.com
880 Donata Ct, Lake Zurich, IL 60047	630.688.7432	

Amanda Page, IMEG Corp.	847.306.6452	Amanda.J.Page@imegcorp.com
4850 Grand Ave, Gurnee, IL 60031		

Scott Jones, Directional Construction Services, Inc.	847.875.7153	dcsjones@gmail.com
440 S. Dartmoor Dr. Crystal Lake, IL 60014		

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	FAX (A/C, No): 610 537 4874
	PHONE (A/C, No, Ext): 630 625 5209	E-MAIL ADDRESS: kelly.kottke@usi.com
INSURED Directional Construction Services, Inc. 440 S Dartmoor Drive Crystal Lake, IL 60014-8713	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westfield Insurance Company	NAIC # 24112
	INSURER B: Accident Fund Ins Company of America	10166
	INSURER C:	
	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 <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 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	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> 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	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WCV6189233	05/21/2020	02/27/2021	<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)

** 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



This page has been left blank intentionally.

COMCAST CABLE INSTALLATION

911 GARFIELD ST
VILLAGE OF HINSDALE
DUPAGE 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

INDEX OF SHEETS

SHEET NO.	TITLE
1	COVER SHEET
2	SITE PLAN



CALL JULIE 1-800-892-0123
WITH THE FOLLOWING:
COUNTY: DUPAGE
TOWNSHIP: NAME OR NO: 138N-R11E
SECTION: NO. 12
48 HOURS BEFORE YOU DIG
(TWO WORKING DAYS)

OWNER
Comcast Cable
880 Geneva Court
Jana Lynon, IL 60547
630.688.7432
Pat Jones

CONTRACTOR
Directional Construction Services, Inc.
440 S. Dearborn Dr.
Cicero, IL 60614
647.875.7153
Scott Jones

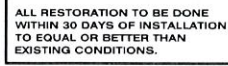



IMEG CORP.
GURNEE DIVISION

HARLAN M. DOLAND
ILLINOIS LICENSED PROFESSIONAL ENGINEER
NO. 062-048891
EXPIRATION DATE 11/30/21

COMCAST CABLE REPLACEMENT	
HINSDALE, ILLINOIS	
JB116408	
IMEG Project No. 20002753.00	File Name JB116408.dwg
Drawn By: PA	Checked By: AP
Date: 08/28/20	Date: 08/28/20
Sheet 1 of 2	

Thursday, August 27, 2020 10:51:51 PM



COMCAST CABLE REPLACEMENT HINSDALE, ILLINOIS		 10000 S. LAKE AVE. SUITE 100 CHICAGO, IL 60628 TEL: 773.334.1100 FAX: 773.334.1101 WWW.IMEG.COM		REVISIONS REVISION NO. DATE	
MEG Project No. 20000593.00 File Name 04a-10-06-03 Job Name Comcast - 225 No. of Bays 10 Field Book No. N/A Drawn By PA Checked By AP Date 08/28/20		J5416408			
Sheet 2 of 2					