



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

**PUBLIC SERVICES UTILITY PERMIT APPLICATION**

Date of Application: 09/03/2020 Permit No: ComCast 0028 Permit Expiration Date: 10-31-2020

**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: JB436311

**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: \_\_\_\_\_

**PROJECT LOCATION:** 335 E Hickory St.

Description of work covered under this permit: To install 130 feet of underground CATV cable by method of directional bore from 325 N Elm St. to 334 Hampton PL. at a minimum depth of 36" along the directional bore line.

**Start Date:** 10-12-20 **Completion Date:** 10-16-20

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: \_\_\_\_\_ Date: 09/03/2020

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: 09/04/2020



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.: JB436331

Village No.: Comcast-0028

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 130 feet of underground CATV cable by method of directional bore from 325 N Elm St. to 334 Hampton PL. 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 JB436311  
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: 09/03/20

Permit Granted By:  A. Diaz Date: 09/4/20

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

dcsjones@gmail.com



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	FAX (A/C, No): 610 537 4874
	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	
	INSURER B: Accident Fund Ins Company of America	
	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"/> PRO-JECT <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 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 <input type="checkbox"/> 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? <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"/> 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)

## \*\* 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

*Thomas W. Chisum*

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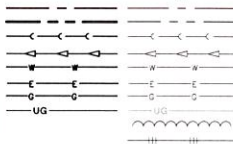
335 E. HICKORY ST.  
VILLAGE OF HINSDALE  
DUPAGE COUNTY, ILLINOIS

## 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



## INDEX OF SHEETS

<u>SHEET NO.</u>	<u>TITLE</u>
1	COVER SHEET
2	SITE PLAN
3	STANDARD DETAILS

CALL JULIE 1-800-892-0123

WITH THE FOLLOWING:  
COUNTY DUPAGE  
TOWNSHIP NAME OR NO. T18N-R11E

TOWNSHIP NAME OR NO. 1384-RITE  
SECTION NO. 1

dig. 48 HOURS BEFORE YOU DIG  
(TWO WORKING DAYS)

Know what's below.  
Call before you dig.

**OWNER**  
COMCAST CABLE  
880 DONATA CT.  
LAKE ZURICH, IL 60047  
224-229-4455  
PHILLIP JONES

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



IMEG CORP.  
GURNEE DIVISION  
*[Signature]*

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

[illegible]

COMCAST CABLE REPLACEMENT  
HINSDALE, ILLINOIS

JB436331 - COVER SHEET

MEG Project No	20000593.00
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File Name: 0436331.doc

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Field Book No. 1000

Drawn By	WCU
Checked By	AJP

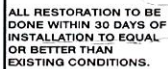
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1
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Sheet 1 of 3

STEEL 1 5 3

Friday, September 4, 2020 9:13:57 AM

[illegible]

COMCAST CABLE REPLACEMENT  
HINSDALE, ILLINOIS  
JB436331 - SITE PLAN

MEG Project No  
20000593 00

File Name  
J8436331.dwg

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Field Book No. #####

Drawn By WCU

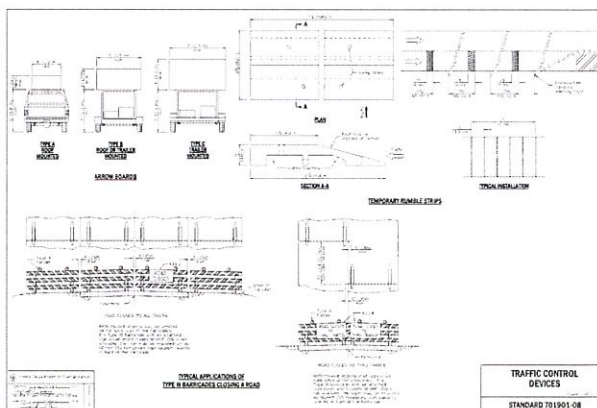
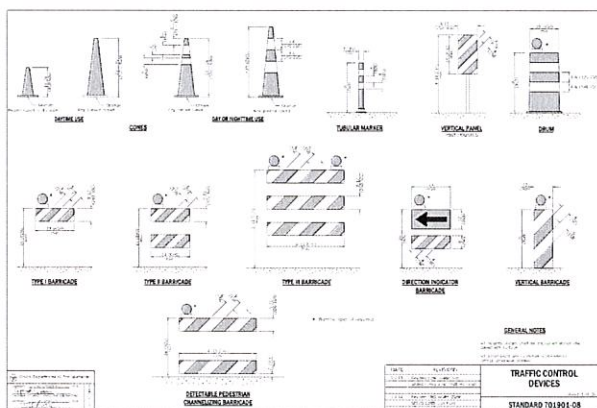
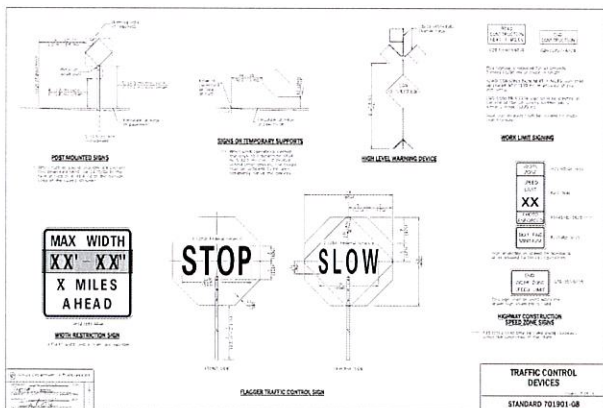
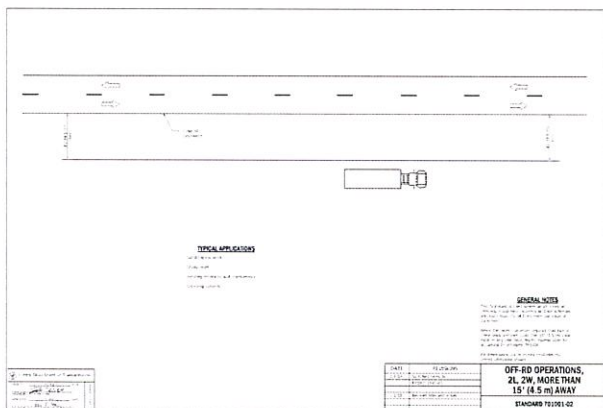
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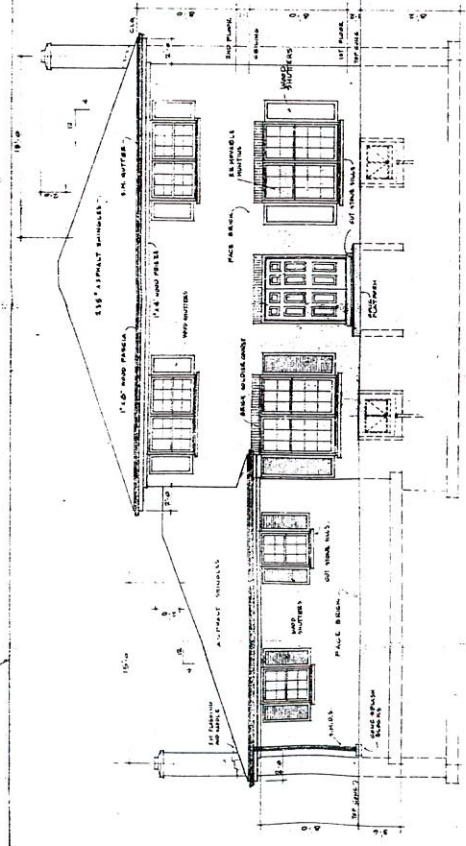
Date 09/03/2020

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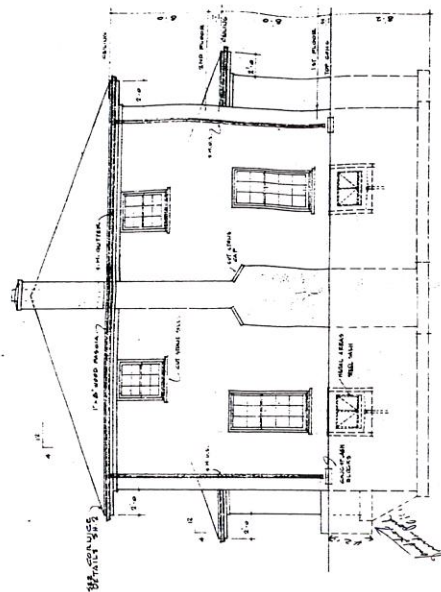
Sheet 2 of 3



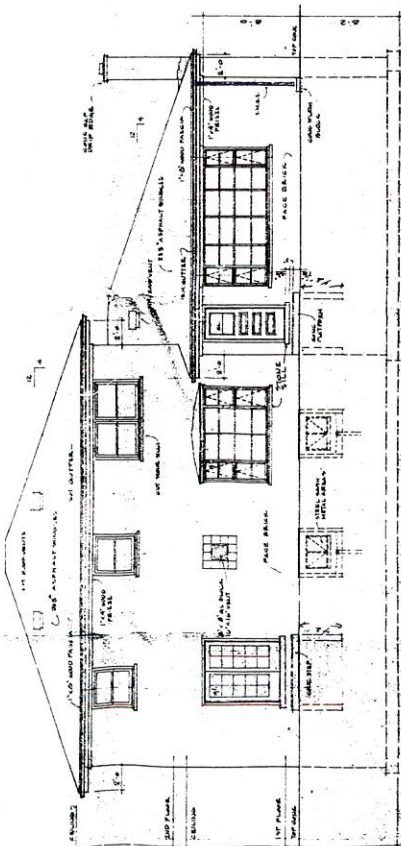




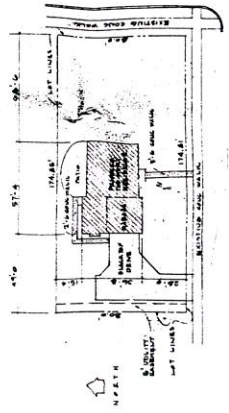
FRONT ELEVATION  
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RIGHT SIDE ELEVATION  
SCALE: 1/4" = 1'-0"



REAR ELEVATION  
SCALE: 1/4" = 1'-0"



PLOT PLAN  
SCALE: 1/4" = 1'-0"

PROPOSED RESIDENCE NAME  
ALCOHOL COMPANY  
JOHN P. SCHRAW  
1000 N. ALCOHOL STREET  
ALCOHOL, ILL. 60001

1000 N. ALCOHOL STREET  
ALCOHOL, ILL. 60001

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ALCOHOL, ILL. 60001