

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.: JB444572

Village No.: Comeast 0029 Expires On: 10-31-2020

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 148 feet of underground CATV cable by method of directional bore from 420 E. 4th St. to 419 S. Oak S. 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 JB444572 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: 09/11/20

Permit Granted By:

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



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: 09/11/2020 Permit No: | Permit Expiration Date: 10 - 31 - 2020 | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Utility Company Information: | Contractor Information: | | | | |
| Company Name: Comcast Cable | Company Name: Directional Construction Services, Inc. | | | | |
| Address: 880 Donata Ct | Address: 440 S. Dartmoor Dr. | | | | |
| City, State, Zip: Lake Zurich, IL 60047 | City, State, Zip: Crystal Lake, IL 60014 | | | | |
| Contact Person: Phillip Jones | Contact Person: Scott Jones | | | | |
| Phone Number: 224.229.4455 | Phone Number: 847.875.7153 | | | | |
| Email Address: Phillip_Jones@comcast.com | Email Address: desjones@gmail.com | | | | |
| Cell Number: 630.688.7432 | Cell Number: 847.875.7153 | | | | |
| Project/Work Order Number: JB380948 | Cell Nulliber. | | | | |
| PROJECT LOCATION: 412 E 4th St | | | | | |
| Description of work covered under this permit: To install 148 feet of underground CATV cable by method of directional bore from 420 E. 4th St. to 419 S. Oak S. at a minimum. | um depth of 36° along the directional bore line | | | | |
| Start Date: 10/12/2020 | Completion Date: 10/16/2020 | | | | |
| Site Plan/Details/Specifications (3 sets) included with application? O YES O NO Certificate of Insurance included with application? O YES O NO | | | | | |
| | Comcast Water Sewer Wireless Other: | | | | |
| Applicant Information: | | | | | |
| Print Name: Amanda Page | Phone Number: 847.306.6452 | | | | |
| Company: MEG Corp. | Email Address: amanda,j.page@imegcorp.com | | | | |
| Signature: Amandaghage | Date: 09/11/2020 | | | | |
| ALL CONSTRUCTION SHALL BE DONE IN ACCORDANCE WITH THE LATE THE FOLLOWING: STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE RECURRING SPECIAL PROVISIONS BY THE ILLINOIS DEPARTMENT OF T CONTROL DEVICES FOR STREETS AND HIGHWAYS, STANDARD SPECIFILLINOIS, AND THE VILLAGE OF HINSDALE SUBDIVISION ORDINANCE AND | E CONSTRUCTION & SUPPLEMENTAL SPECIFICATIONS AND TRANSPORTATION, ILLINOIS MANUAL ON UNIFORM TRAFFIC TICATIONS FOR WATER AND SEWER MAIN CONSTRUCTION IN | | | | |
| Village Us | e Only | | | | |
| Permit Approved: YES NO | | | | | |
| Conditions for Approval/Reasons for Denial: RESTORE AC | L DISTURBED AREAS WITH IN | | | | |
| Approved By: A. Dia Z | Date: 9/11/2020 | | | | |
| // | | | | | |

Client#: 854171

DIRECCON2

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

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).

| tins certifica | tte does not comer any rights to the certificate noticer | in neu of such endorsement(s). | | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|--------------------------------|--|--|
| PRODUCER USI Insurance Services LLC 2021 Spring Road, Suite 100 Oak Brook, IL 60523 312 442-7200 | | CONTACT Kelly Kottke | | | |
| | | PHONE (A/C, No, Ext): 630 625 5209 | FAX (A/C, No): 610 537 4874 | | |
| | | E-MAIL ADDRESS: kelly.kottke@usi.com | | | |
| | | INSURER(S) AFFORDING COVERAGE | GE NAIC # | | |
| | | INSURER A: Westfield Insurance Company | 24112 | | |
| INSURED | tional Construction Services Inc | INSURER B : Accident Fund Ins Company of America | ca 10166 | | |
| | rectional Construction Services, Inc. 0 S Dartmoor Drive | INSURER C: | | | |
| 15.05 | ystal Lake, IL 60014-8713 | INSURER D: | | | |
| O. | Olystal Lake, IL 00014-0713 | INSURER E: | | | |
| | | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUM | RED. | | |

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

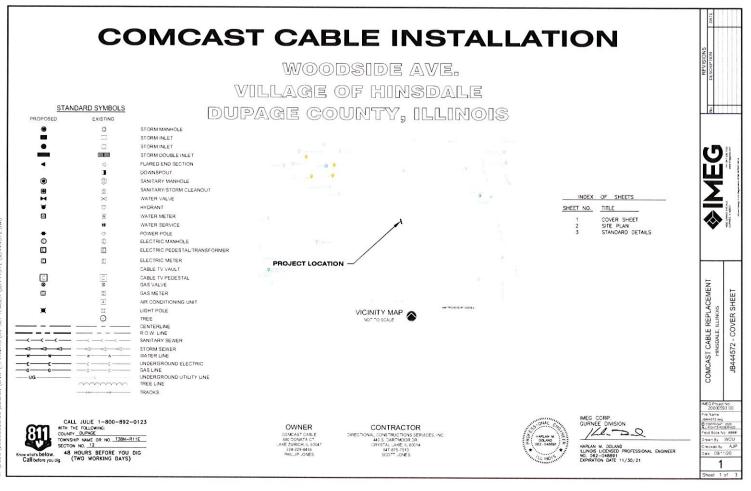
| R≀ | TYPE OF INSURANCE | ADDL SUBI | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|------------|----------------------------|----------------------------|----------------------------------------------|--------------------|
| | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | TRA4689317 | | | EACH OCCURRENCE | s1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s 500,000 |
| | | | | | | MED EXP (Any one person) | s 5,000 |
| | | | | | | PERSONAL & ADV INJURY | s 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY LOC | | | | | GENERAL AGGREGATE | s 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | s 2,000,000 |
| l | OTHER: | | | | | | S |
| | AUTOMOBILE LIABILITY | | TRA4689317 | 02/27/2020 | 02/27/2021 | COMBINED SINGLE LIMIT (Ea accident) | s1,000,000 |
| | X ANY AUTO | | | | | BODILY INJURY (Per person) | S |
| | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | s |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | S |
| | | | | | | | S |
| Ļ | X UMBRELLA LIAB X OCCUR | | TRA4689317 | 02/27/2020 | 02/27/2021 | EACH OCCURRENCE | \$5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | s 5,000,000 |
| | DED X RETENTION \$0 | | | | | | S |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | WCV6189233 | 05/21/2020 | 02/27/2021 | X PER OTH- STATUTE ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | N/A | | | | E.L. EACH ACCIDENT | s1,000,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | s1,000,000 |
| | DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | s1,000,000 |
| | | | | | | | |

| 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 |
| | Idomes w Children |

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** Workers Comp Information **

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



riday, September 11, 2020 7-54-55 AM 5, 72020/20000593-00/DESIGN/CIVII. PERMITS/05-SEPTEMBER/JE94445-72

A justice India STICAL PANEL PLACE AND THE CONTROL OF T VERTICAL BARRICADA OFF-RD OPERATIONS 2L, 2W, MORE THAN 15' (4.5 m) AWAY TRAFFIC CONTROL DEVICES San bear and the STANDARD 701901-08 Service Control H - Parent -et JB444572 - STANDARD DETAILS COMCAST CABLE REPLACEMENT NO CONTRACTOR MAN TO THE THIRD OF THE PARTY 1954 1904 1904 1904 1904 1904 1904 TALLE NOW THE REAL PROPERTY. POST MOUNTED SIGNS MAX WIDTH XX' XX' STOP SLOW Ĺ X MILES AHEAD HIGHWAY CONSTRUCTION SHEED ZONE SIGNS TRAFFIC CONTROL DEVICES TYPICAL APPLICATIONS OF TYPE IN BARRICADES CLOSING A ROAD TRAFFIC CONTROL DEVICES 3 STANDARD 701901-08

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