



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: 9/16/2020

Permit No: Comcast 0031  
1B99994

Permit Expiration Date: 10-31-20

#### 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:

#### Contractor Information:

Company Name: Directional Construction Services, INC (DCS)  
Address: 440 S. Darmoor 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: 514 Warren Ct

Description of work covered under this permit: To install 190 feet of underground CATV cable by method of directional bore from 511 Warren Ct to 508 Warren Ct at a minimum depth of 36" along the directional bore line as shown on the attached drawings.

Start Date: 10/05/2020

Completion Date: 10/09/2020

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: 09/16/2020

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 CABLE INSTALL. TELEPHONE SANITARY LATERALS AFTER CABLE IS INSTALLED.

Approved By:

A. Diez

Date:

9-16-20



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.: JB393954  
Village No.: 0031  
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 190 feet of underground CATV cable by method of directional bore from 511 Warren Ct to 508 Warren Ct 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 JB393954  
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: 09/15/20

Permit Granted By:  A.D. Diaz Date: 9/16/20

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**<sup>TM</sup>**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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br><b>USI Insurance Services LLC</b><br><b>2021 Spring Road, Suite 100</b><br><b>Oak Brook, IL 60523</b><br><b>312 442-7200</b> |  | <b>CONTACT NAME:</b> Kelly Kottke<br><b>PHONE (A/C, No, Ext):</b> 630 625 5209<br><b>E-MAIL ADDRESS:</b> kelly.kottke@usi.com<br><b>FAX (A/C, No):</b> 610 537 4874 |  |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
|   |  | <b>INSURER A:</b> Westfield Insurance Company   |  |
|   |  | <b>INSURER B:</b> Accident Fund Ins Company of America  |  |
|   |  | <b>INSURER C:</b>   |  |
|   |  | <b>INSURER D:</b>   |  |
|   |  | <b>INSURER E:</b>   |  |
|   |  | <b>INSURER F:</b>   |  |

**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.

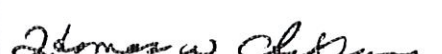
| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | TRA4689317    | 02/27/2020              | 02/27/2021              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |                    | TRA4689317    | 02/27/2020              | 02/27/2021              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0  |                    | TRA4689317    | 02/27/2020              | 02/27/2021              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>\$   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>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<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>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**

|  |  |
|--|--|
| <b>Village of Hinsdale</b><br><b>19 E Chicago Ave</b><br><b>Hinsdale, IL 60521</b> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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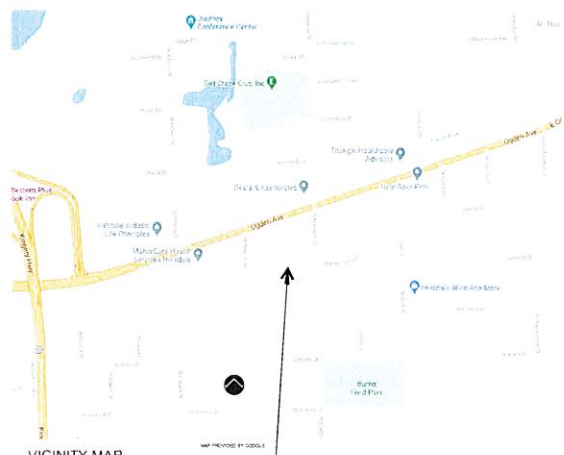
Wednesday, September 16, 2020 10:10:43 AM  
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# COMCAST CABLE INSTALLATION

## WARREN CT VILLAGE OF HINSDALE DUPAGE COUNTY, ILLINOIS

### STANDARD SYMBOLS

| PROPOSED | EXISTING |                               |
|----------|----------|-------------------------------|
|          |          | STORM MANHOLE                 |
|          |          | 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

| SHEET NO. | TITLE            |
|-----------|------------------|
| 1         | COVER SHEET      |
| 2         | SITE PLAN        |
| 3         | TRAFFIC CONTROL  |
| 4         | STANDARD DETAILS |



CALL JULIE 1-800-892-0123  
WITH THE FOLLOWING:  
COUNTY COOK  
TOWNSHIP NAME OR NO. TKN-RX  
SECTION NO. 4  
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  
630.688.7432  
PHILLIP JONES

CONTRACTOR  
DIRECTIONAL CONSTRUCTION SERVICES, INC.  
CRYSTAL LAKE, IL 60014  
440 S. DARTMOUTH DR.  
847.875.7153  
SCOTT JONES



MEG CORP.  
GURNEE DIVISION

HARLAN M. DOLAND  
ILLINOIS LICENSED PROFESSIONAL ENGINEER  
NO. 062-046691  
EXPIRATION DATE 11/30/21

MEG PROJECT NO. 200002933

FILE NAME JB393954-HINSDALE.dwg

PROJECT TITLE COMCAST CABLE REPLACEMENT

FIELD BOOK NO. 0000

DRAWN BY TJD

CHECKED BY ASJ

DATE 9/15/2020

SHEET 1 OF 4

REVISIONS

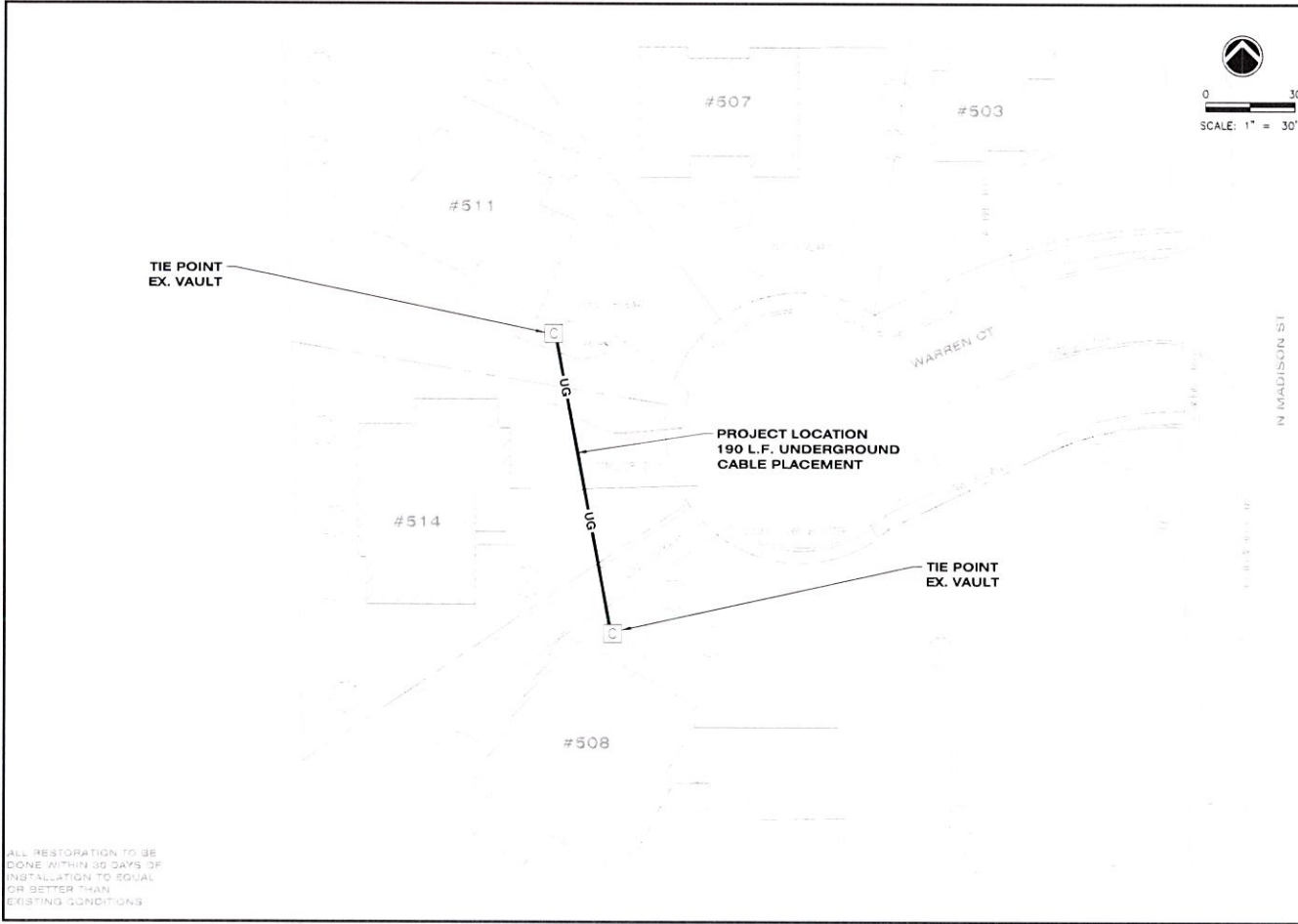
| NO. | DESCRIPTION | DATE |
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IMEG

COMCAST CABLE REPLACEMENT  
HINSDALE, ILLINOIS

JB393954

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

| REVISIONS |             |
|-----------|-------------|
| DATE      | DESCRIPTION |
|           |             |
|           |             |
|           |             |

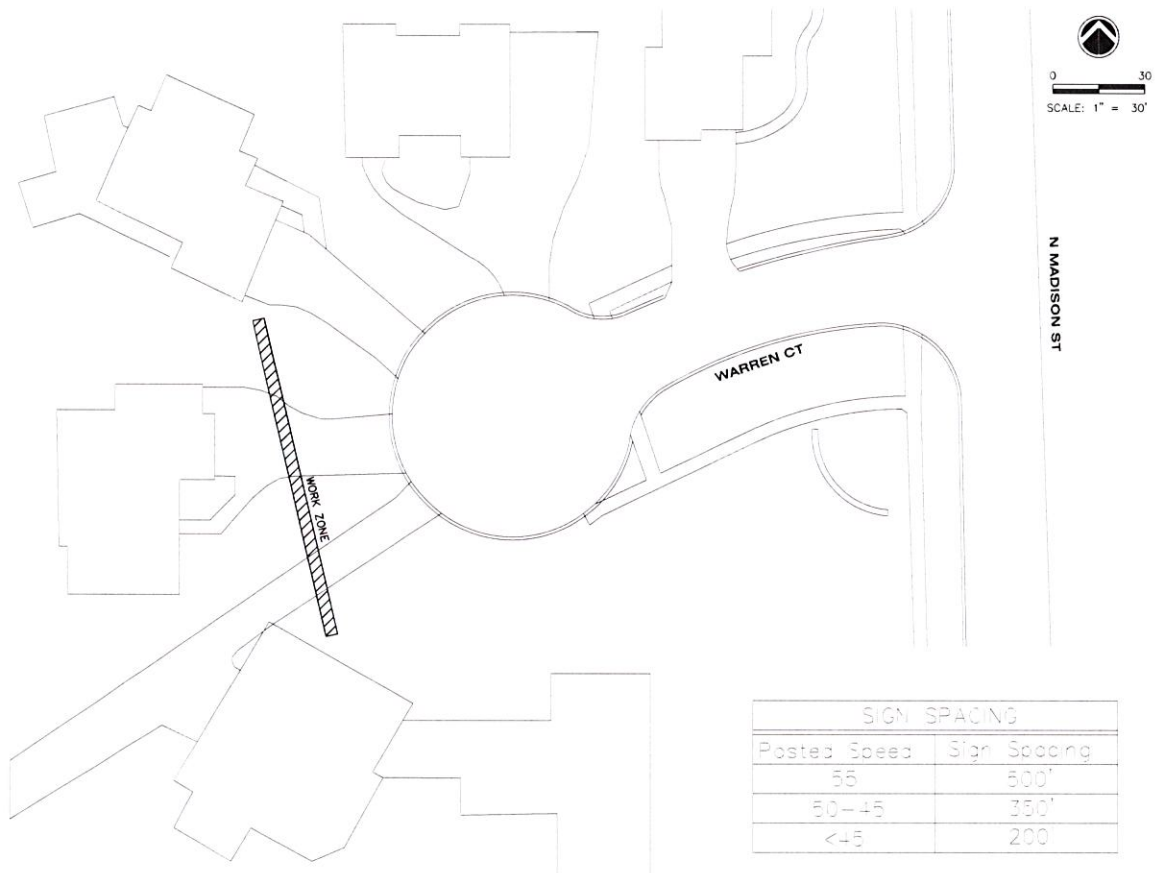
  

|   |  |
|---|--|
| <b>IMEG</b><br>ILLINOIS<br>MUNICIPAL<br>ENGINEERING & ARCHITECTS<br>P.C.<br>111 N. MADISON ST.<br>SUITE 200<br>HINSDALE, IL 60521<br>TEL: 630.326.1100<br>WWW.IMEG-IL.COM | <b>COMCAST CABLE REPLACEMENT</b><br>HINSDALE, ILLINOIS |
|   | JB393954   |

|                                    |
|------------------------------------|
| MEG Project No.<br>20000593        |
| File Name<br>JB393954-HINSDALE.DWG |
| Copyright ©<br>IMEG-IL, INC.       |
| Field Book No. 0000                |
| Drawn By: TJO                      |
| Checked By: AJP                    |
| Date: 9/15/2020                    |
| <b>1</b>                           |

Sheet 2 of 4



|  |  |
|--|--|
|  |  |
| <b>COMCAST CABLE REPLACEMENT</b><br>HINSDALE, ILLINOIS<br>JB393954   |  |
| WEG Project No. 20000553<br>File Name: JB393954-HINSDALE.DWG<br>Project Manager: J000029<br>Date: 9/15/2020<br>Drawn By: TJD<br>Checked By: AJP<br>Date: 9/15/2020 |  |
| 3<br>Sheet 3 of 4  |  |

