



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: 10/14/20 Permit No: Comcast-0033 Permit Expiration Date: 12-31-2020

Utility Company Information:

Company Name: Comcast Cable
Address: 856 Technology Way
City, State, Zip: Libertyville, IL 60048
Contact Person: Phillip Jones
Phone Number: (224) 229 4455
Email Address: phillip_jones@comcast.com
Cell Number: (630) 688 7432
Project/Work Order Number: JB476685

Contractor Information:

Company Name: Directional Construction Services
Address: 440 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: 5803 Garfield St

Description of work covered under this permit: To install 145 feet of underground CATV cable by method of directional bore from 5810 Giddings Ave to 5802 Giddings Ave at a minimum depth of 36" along the directional bore line as shown on the attached drawings.

Start Date: 11/16/20

Completion Date: 11/20/20

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: 10/14/20

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 DAY OF CABLE INSTALLATION. NOTIFY AFFECTED RESIDENTS 72 HRS PRIOR TO START.

Approved By: A. Diaz Date: 10/16/20

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 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		<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 :	
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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: 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 S
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" 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) S BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S S
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB 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 S
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 Y N/A	WCV6189233	05/21/2020	02/27/2021	PER STATUTE 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 A. Chiffonari

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856 Technology Way
Libertyville, IL 60048
(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.: JB476685
Village No.: COMCAST-0033
Expires On: 12-31-2020

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 145 feet of underground CATV cable by method of directional bore from 5810 Giddings Ave to 5802 Giddings Ave 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 JB476685
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: 10/14/20

Permit Granted By:  Date: 10/16/20

Contact:
Phillip Jones, COMCAST Construction Specialist
856 Technology Way, Libertyville, IL 60048

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

Wednesday, October 14, 2020 3:28:58 PM
C:\Users\jgordon\Documents\Projects\10 OCTOBER 14 2020\HINSDALE\COMCAST\COMCAST.DWG

COMCAST CABLE REPLACEMENT

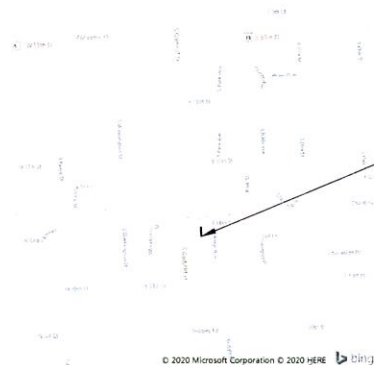
5803 GARFIELD ST
VILLAGE OF HINSDALE
DUPAGE COUNTY, ILLINOIS

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



VICINITY MAP
NOT TO SCALE

INDEX OF SHEETS

SHEET NO.	TITLE
1	COVER SHEET
2	SITE PLAN

PROJECT LOCATION



CALL JULIE 1-800-892-0123
WITH THE FOLLOWING:
COUNTY/DUPAGE
TOWNSHIP NAME OR NO. T38N-R11E
SECTION NO. 13
48 HOURS BEFORE YOU DIG
(TWO WORKING DAYS)
Know what's below.
Call before you dig.

OWNER

Comcast Cable
396 Technology Way
Crystal Lake, IL 60014
815.688.7432
Pete Jones

CONTRACTOR

Directional Construction Services, Inc.
440 S. Duane St.
Crystal Lake, IL 60014
815.715.7153
Scott Jones



IMEG CORP.
GURNEE DIVISION

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

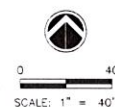
REVISIONS	DATE



COMCAST CABLE REPLACEMENT
HINSDALE, ILLINOIS

JB476685

IMEG Project No.	20000553.00
File Name	JB476685.DWG
Plot Project	YES
Plot Sheet Numbers	
Field Book No.	N/A
Drawn By	PA
Checked By	AP
Date	10/14/20
Sheet	1 of 2



ALL RESTORATION TO BE DONE
WITHIN 14 DAYS OF INSTALLATION
TO EQUAL OR BETTER THAN
EXISTING CONDITIONS.

COMCAST CABLE REPLACEMENT HINSDALE, ILLINOIS		 IMEG 1000 S. WILSON AVE. CHICAGO, IL 60607 TEL: 312.344.1000 WWW.IMEG.COM		REVISIONS DESCRIPTION DATE
MEG Project No. 20000793.00 E-1 Name 34108852 PO 34108852 ALL SUPPLIES TO BE PROVIDED Fee Book No. N/A Drawn by JPA Checked by AP Date 10/4/00		JB476685		
2 Sheet of 2				