

Date..... 7/26/07 .....

Permit No..... 07-49 .....

# TOWN OF ACTON

## APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

- 1. Permittee: Limfas Communication Address: 16 Deer run rd Candia, NH 03034
- 1A. Telephone #: 1-800-380-4816 x109 Cell #: 603-234-3902
- 2. Location of Proposed Construction: 4 Old Village rd
- 3. Purpose of Construction: Replace existing CATV line for Comcast
- 4. Length of Cut: NONE - Bore under Street
- 5. Width of Cut: NONE - Bore under Street
- 6. Width of Existing Pavement: 24 feet
- 7. Type of Existing Roadway Surface: pavement Type of Curb: Granite
- 8. Type of Existing Sidewalk Surface: NONE Type of Shoulder: Grass
- 9. Date of Street Opening: From August 2nd To August 2nd
- 10. For Work Involving Excavations: Dig Safe Number 2007-280-9435

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Special Instructions:

Signature of Applicant..... (Signature) .....

Plans - 1334 of 1968 (Lot 25A)  
 - As Built plan of Old Village Road - (the field located the concrete bound along their fronts. This bound is not adjacent to the utility boxes.)  
Road Pavement - 1992

Permit Issued: Date ..... 8/3/07 ..... By: (Signature) .....

Application Denied: Date ..... By: .....

Work Inspected and Approved: Date ..... By: .....

**Star Communications**

16 Deer Run Rd.  
 Candia, NH 03034  
 603-483-8788

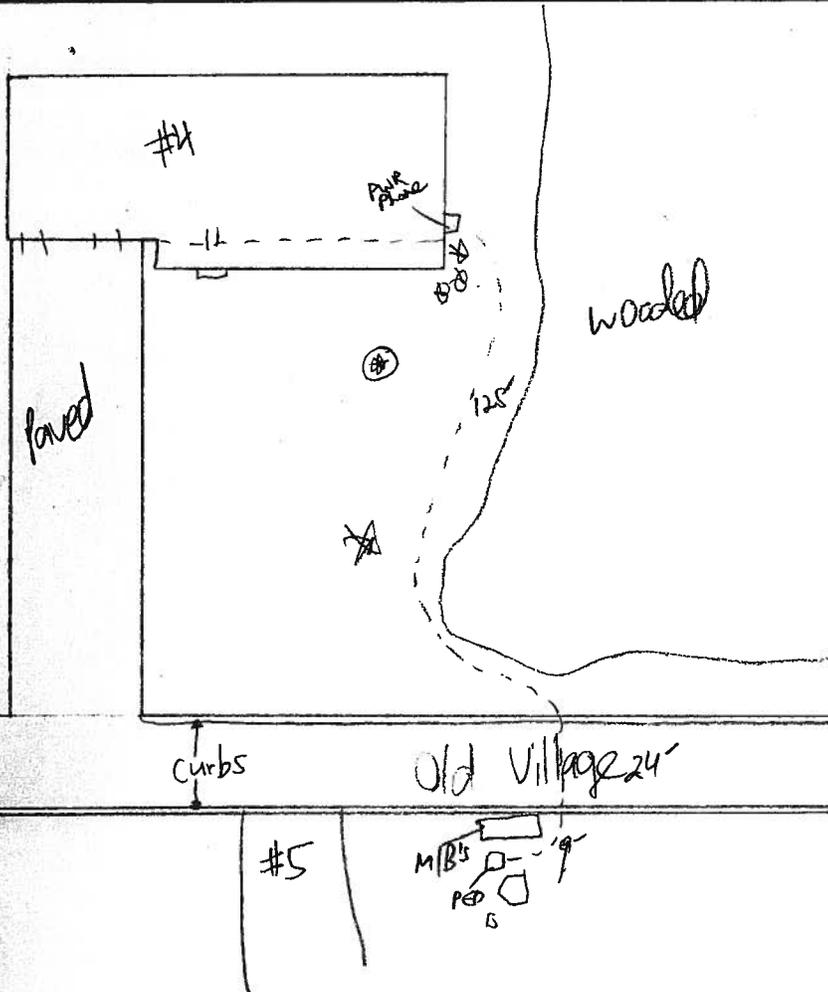
Existing Tag # / Location

New Tag # / Location

Surveyor Brian

Survey Date: 7/11/07

Ticket# 118623 Address: 4 Old Village Rd  
 Dig Safe #'s 2007-280-9435 City / State: Acton, Ma  
 Safe Date: 7-17-07 Phone: (978) 263-8401  
 Permit: yes Closest Street: Nagary Rd Cricket Way  
 Drawing:



Item	Description	Quantity	Units
UG201	RG 6 Direct Bury (134)	1	EA
UG202	Hand Trenching		FT
UG203	Machine Trenching		FT
UG204	Vibratory Plow		FT
UG225	RG 11 Direct Bury		FT
<b>ASPHALT TRENCH</b>			
UG205	12" Cover		FT
UG206	18" Cover		FT
UG207	24" Cover		FT
UG208	Boring	24	FT
UG209	Cable Pull		FT
UG210	Additional Pull		FT
UG211	Riser Pole		EA
<b>NEXT 3 - PER LINEAR FT.</b>			
UG212	Slurry Back Fill		FT
UG213	Sod Cut & Rest.		FT
UG214	Asphalt Cut & Rest		FT
<b>LABOR RATE</b> Requires Supervisor Approval			
UG215	Crew Leader		HR
UG216	Laborer		HR
UG217	Vehicle - Flatbed or Rack		HR
UG218	Vehicle - Dump Truck		HR
UG219	Vehicle - Traller		HR
UG220	Machinery - Trencher		HR
UG221	Machinery - Vibratory Plow		HR
UG222	Machinery - Compressor		HR
UG224	Machinery - Back Hoe		HR
UG229	Permit Per Location		EA
UG238	Pedestal		EA
	Police Detail		
	SURVEY		EA

Sprinkler System YES  NO Dog Fence? YES  NO Temp Drop Removed? YES NO  
 Customer Activated YES NO Customer Contact? YES  NO  
 Any On Going Issues YES NO IF YES PLEASE EXPLAIN BELOW:

NOTES:  
 CREW LEADER:  
 START TIME:  
 STOP TIME:  
 DATE CALLED/RESPONSE:  
 Levels at Tap: Low: Med: High:  
 Levels at Ground Block: Low: Med: High:

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JF  
LIMFA-1

DATE (MM/DD/YYYY)  
05/02/07

<b>PRODUCER</b>  TD Banknorth Ins Agcy Inc(SNH) 116 South River Rd, D-4 Bedford NH 03110 Phone: 800-723-2877 Fax: 603-626-6978	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURED</b>  Limfar Communications Contractors, LLC Jennifer White 16 Deer Run Rd Candia NH 03034	<b>INSURERS AFFORDING COVERAGE</b>
	INSURER A: Twin City Fire Insurance Co.	29459
	INSURER B: Hartford Casualty Insurance Co	29424
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	04UENII2500	11/05/06	11/05/07	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30000 MED EXP (Any one person) \$ 1000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 200000 PRODUCTS - COMP/OP AGG \$ 200000												
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	04UENII2500	11/05/06	11/05/07	COMBINED SINGLE LIMIT (Ea accident) \$ 100000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	04RHUII0956	11/05/06	11/05/07	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	04WEVQY0503	11/05/06	11/05/07	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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		OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

**TOWNACT**

Town of Acton  
472 Main Street  
Acton MA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
TD Banknorth Ins. Agency, Inc.

