



Franchise Utility Right-of-Way Permit

275 East 200 North, American Fork, UT 84003 • (801)763-3065 • (801)763-3005 - fax • www.afcity.org

Date: Aug 16 2017

Job #: _____

Location of Cut: _____

APPLICANT/CONTACT INFORMATION		
Contact Person	Pam Rigby	
Company Name:	CentraCom	
Address:	PO Box 7	
City:	State:	Zip:
Fairview	UT	84629
Phone:	435.427.0648	Cell:
Email:	pamrigby@centracom.com	Fax:
		435.427.0808

EXCAVATOR/CONTRACTOR INFORMATION		
Contact Person	Brett Johnson	24 Hour Contact: 435.469.0394
Company Name:	CentraCom/MKJ Construction	Phone/Cell: 435.469.0394
Address:	PO Box 7	
City:	State:	Zip:
Fairview	UT	84629
Phone:	435.427.0648	Cell:
Email:	pamrigby@centracom.com	Fax:
		435.427.0808
License No:	87-0537159	

STREET CUT INFORMATION	
Purpose of cut:	<u>200 South 600 East</u>
Directional drill road crossing 200 S 600 E, 40'. Installing 1 1/4" conduit/fiber on west side of 600 E for 1130', within PU. Installing 3 handholes.	
Approximate Start Date:	8/21/17
Approximate Completion Date:	9/14/17

Applicant agrees to perform operations in rights-of-way under the jurisdiction of American Fork City in accordance with the appropriate provisions contained in the "American Fork City Standards and Specifications" as well as any special provisions that shall apply to this permit, and by this reference, are made a part thereof. Contact Jay Butcher at 801-404-9500 at least 48 hours prior to proceeding with work. A copy of the approved permit and all supporting documentation must be available on site.

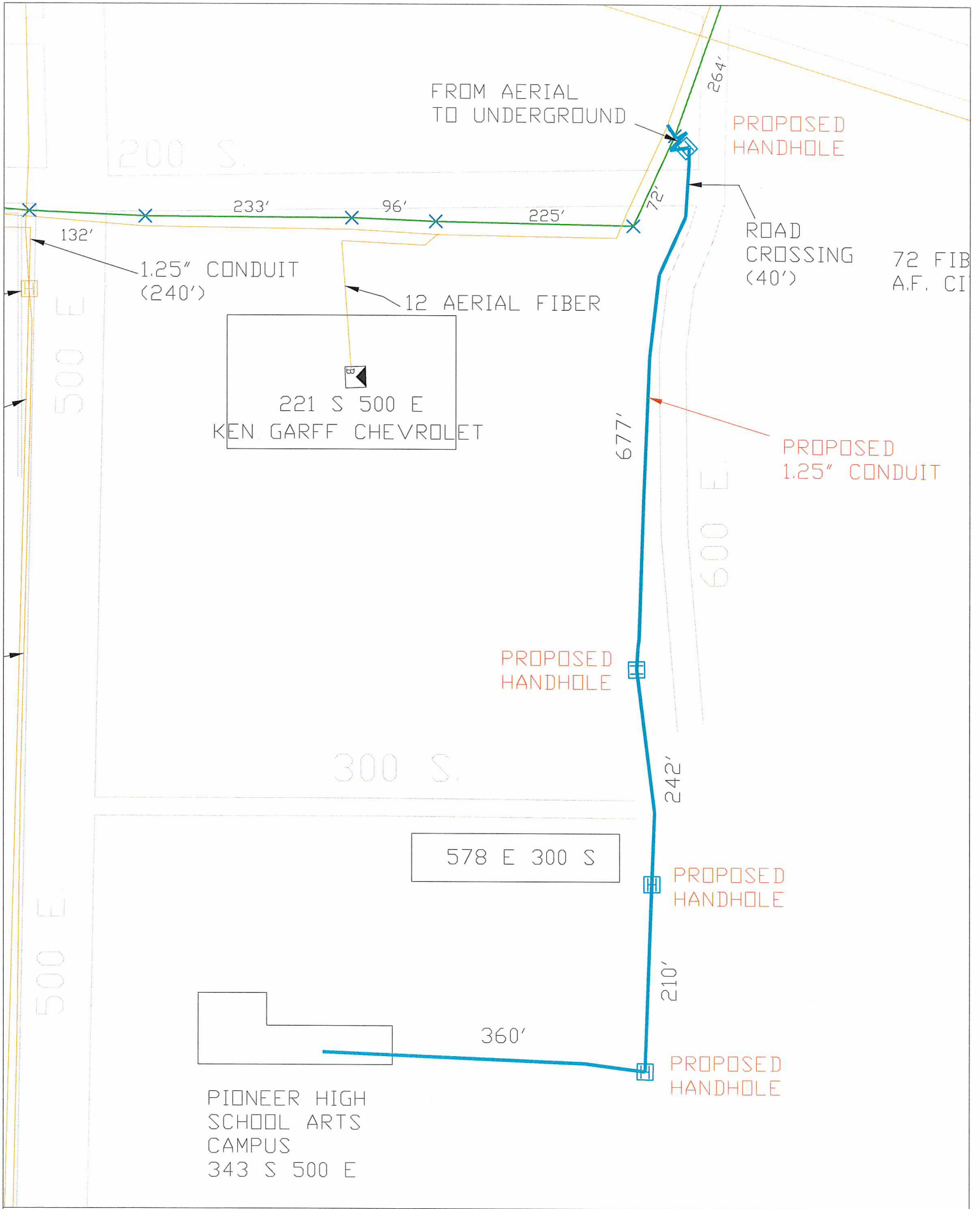
17-01046
Permit Number

I. Branch Cox
Applicant Name (print)

Trent Andrews 8/17/17
Engineering Division Representative

C.E.O.
Applicant Title

* Approved only for portions within American Fork right-of-way. Permission from other property owners will be required.



CentraCom, MC17833: Proposed conduit path to Pioneer High School Arts Campus, 343 S 500 E, American Fork City, UT.





Date: 8/16/2017 **Author:** CentraCom **Project:** Pioneer HS Arts Campus American Fork

Comments:
 Road crossing 200 S 600 E, directional drill.
 Installing 1 1/4" conduit/fiber on west side
 of 600 E. Installing handholes.

Target Buffer Zone & Sign Spacing	Peak Speed	Min. Buffer Length	Length of Buffer	Min. Sign Spacing	Driver Spacing
30'	10'	10'	200'	100'	16'
35'	15'	15'	250'	150'	20'
40'	20'	20'	300'	200'	24'
45'	25'	25'	350'	250'	28'
50'	30'	30'	400'	300'	32'
55'	35'	35'	450'	350'	36'
60'	40'	40'	500'	400'	40'
65'	45'	45'	550'	450'	44'
70'	50'	50'	600'	500'	48'
75'	55'	55'	650'	550'	52'
80'	60'	60'	700'	600'	56'
85'	65'	65'	750'	650'	60'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2016

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	UNITEL 1128 Lincoln Mall Suite 200 Lincoln, NE 68508
INSURED	Central Utah Telephone, Inc. PO Box 7 Fairview UT 84629
CONTACT NAME	UNITEL
CONTACT PHONE (A/C No. Ext.)	402-434-7255
CONTACT FAX (A/C No.)	402-434-7272
INSURER(S) AFFORDING COVERAGE	INSURER A: National Farmers Union P&C INSURER B: Hartford Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
MAC #	

COVERAGES CERTIFICATE NUMBER: 32618186

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	ADDITIONAL INSR NO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<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 OTHER:		1RU0475816	11/1/2016	11/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Eg. Occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 2,000,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ NONE \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRING ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000		1RU0475816	11/1/2016	11/1/2017	COMBINED SINGLE LIMIT (Eg. 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"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000		1CB0475817	11/1/2016	11/1/2017	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below		91WEAA1177	7/1/2016	7/1/2017	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REVISION NUMBER:

CERTIFICATE HOLDER

American Fork City
275 E 200 North
American Fork UT 84003

CANCELLATION

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
(LIN) Ric Sloakes
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175 S. Main Street, Suite 300
Salt Lake City UT 84111

Ph: 801-413-1600 Fax: 801-413-1620

PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION
APPROVED FOR PAYMENT

May 30, 2017

American Fork City
Attn: Public Works Director
275 East 200 North
American Fork, Utah 84003

G/L NO: 50-5110-310
P.O.:

Inv #: 35170

Client #: AM002

AUG 1 2017

AMOUNT: \$ 4,717.50
Don De 8-2-17

ATTENTION: DATE LAWYER DESCRIPTION SIGNED HOURS AMOUNT

MATTER: AM002-005 RE: Water Rights

Apr-26-17 JRG Prepare additional documents to add to water right binders 0.20 \$41.00

Apr-27-17 JRG Research water rights proposed for dedication; review water right files, policies, maps, etc.; prepare spreadsheet of water right quantification; draft email to Nestor Gallo, Bob Fillerup, and Ross Welch; revise, edit, and add to email 2.00 \$410.00

Apr-28-17 JRG Email correspondence with Robert Fillerup et al. 0.20 \$41.00

Apr-29-17 JRG Email from Division of Water Rights; review proof due notice 0.10 \$20.50

Apr-29-17 JRG Upload and file emails and other case documents; case management and planning; check status of water applications on Division of Water Rights' database; research change application a27284; calendar due date for extension request; email correspondence with Nestor regarding proof due notice 0.40 \$82.00

May-01-17 JRG Email correspondence with Nestor Gallo 0.10 \$20.50

May-03-17 JRG Email correspondence with Nestor and Carolyn regarding April invoices [No Charge] 0.20 \$0.00

May-08-17 JRG Email correspondence with Carolyn Lloyd regarding invoices [No Charge] 0.10 \$0.00