

555 County Center, 5th Floor Redwood City, CA 94063 (650) 363-4100

**PUBLIC WORKS PERMIT** 

Page 1 of 1 DPW2016-00025

Permit Number: Issued: 07/08/2016

(650) 599-7273 (Bayside) 💰 Inspection Request:

(650) 599-7296 (Coast)

Do not begin construction without confirming date and  $\swarrow$ time of inspection. Minimum notice is 48 hours to start.

APPLICANT NAME:	KAROLINA CHANGSEK			
SITE ADDRESS:	0 NEW YEARS CREEK RD	AREA:	PESCADERO WEST	
APPLICANT INFORMATION	<u>1</u>	CONTRACTOR INFORMA	ATION	
KAROLINA CHANGSEK K & B ENGINEERING 290 Corporate Terrace Cirl Coronaq, CA 92879 PHONE #1: 95180895 PHONE #2:		PHONE #1:		
PROJECT NAME:	UTILITY TRENCH FOR MAIN LINE			
PROJECT DESCRIPTION:	K & B Engineering and CROWN CAST optic cable and conduit along New year shown in attached plans. CALTRANS BLD2014-00194. Backfill per County	ars Creek Road. Also placement of permit # 0416-6UL0177 issued on	a Crown Castle pull box as July 1, 2016. CDP per	
TYPE OF PERMIT: Utility Tr	<b>DATE OF US</b> A SEWER DIST COUNTY SIP	RICT:		
	Utility Trench FEE AMOUN			\$1,638.00 <b>\$1,638.00</b>
consists of the Special Provi- project, as specifically descri Inspector 48 hrs prior to sta		o County as applicable, attached an her activity shall be permitted. <b>Not</b>	nd made a part hereof. The ify County Road	
from all claims, suits or actio person or damage to propert	ntractor shall indemnify and save harmles ns of every name, kind and description, l by resulting from the performance of any agents, employees and/or servants.	brought for, or on account of, injurie	es to or death of any	
	<u>IN</u> :	SURANCE		
Permittee is required to mair minimums as a condition of t	ntain property damage and liability insura	nce in amounts equivalent to or ex	ceeding the legal	
	APPROVAL BY DEPA	RTMENT OF PUBLIC WORKS		
This permit was issued by m	e on:	** FC	R OFFICE USE ONLY **	
Date: 07/08/2016	5 <b>A</b>	Date	Completed:	
Reviewed by: Adolfo Ore	ellana			
Signed:	A J	Ву:		

#### DEPARTMENT OF PUBLIC WORKS



Road Operations - Permits 455 County Center, 2/FI. Redwood City, CA 94063 (650) 363-1822

JAMES C. PORTER Director of Public Works

DPW2016-00025
Date:
Plan Check #:
APN:

#### **ENCROACHMENT PERMIT APPLICATION**

To Whom It May Concern: The undersigned hereby applied for permission to excavate, construct and/or otherwise encroach upon the Right-of-Way of the County of San Mateo road(s) listed: DESCRIBED LOCATION OF PROPOSED ACTIVITY Cabrillo HWY (CA-1) & New Years Creek Rd.

DESCRIBED PROPOSED ACTIVITY: <Attach site plan and sketch or scaled drawing>

Excavation for the installation of fiber optic cable in conduit; placement of Crown Castle pullbox, as

shown on attached plans (976-DVNPT-B01-SMC). \*\*for all questions, redlines, fees and please contact Ken Gaunt (951) 970-5279\*\*

NOTE: State of California Government Code Sections 4216 through 4216.9 require an INQUIRY IDENTIFICATION NUMBER be assigned to every person planning to conduct an excavation in a Public Right-of-Way or Private Easement. If applicable, the applicant shall call the "USA" Regional Notification Center at 800-642-2444 a minimum of two (2) days prior to commencing that excavation. NO PERMIT TO EXCAVATE ISSUED BY SAN MATEO COUNTY SHALL BE VALID UNLESS THE APPLICANT HAS OBTAINED AN INQUIRY ID NUMBER FROM "USA."

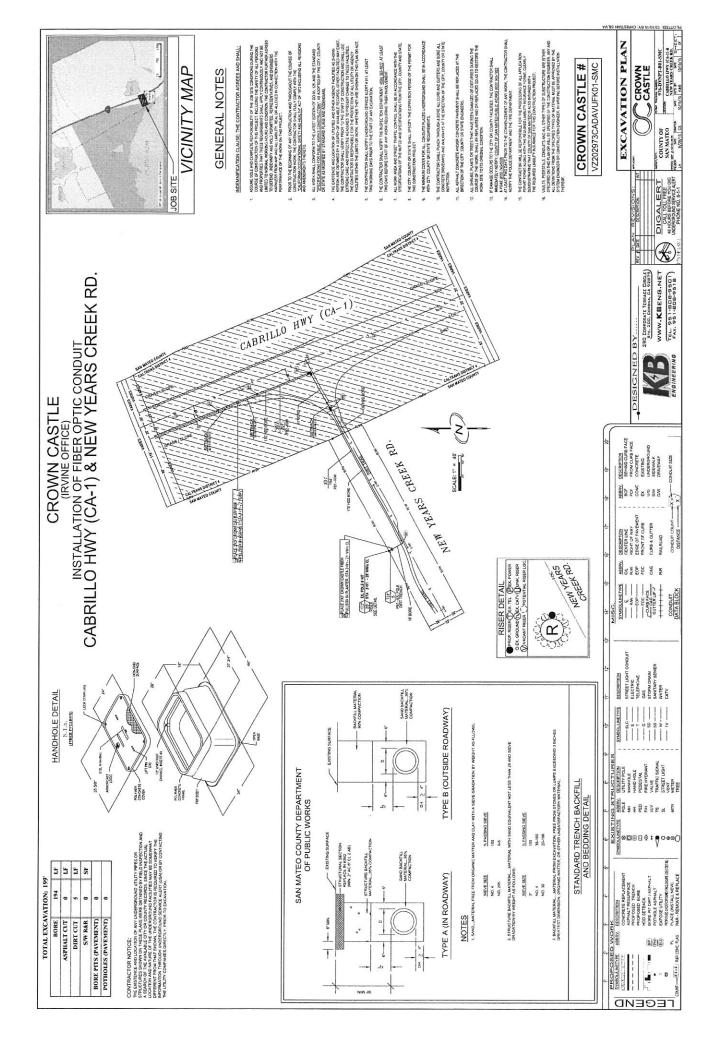
PROPO	SED ENCROACHMENT DATE(S): START	2/29/16	FINISH	3/11/16
	nt agrees to accomplish the described activity in ons and specifications and to be subject to inspe			
initials	Applicant shall indemnify and save harmless claims, suits or actions on every name, kind any person or damage to property resulting in conjunction with this request.	and description, brought for, o	r on accour	nt of, injuries to or death of
initials	Applicant is required to maintain property dama legal minimums as a condition of this permit		nounts equ	ivalent to or exceeding the
	APPLICANT COMPLETE		PLEASE P	RINT

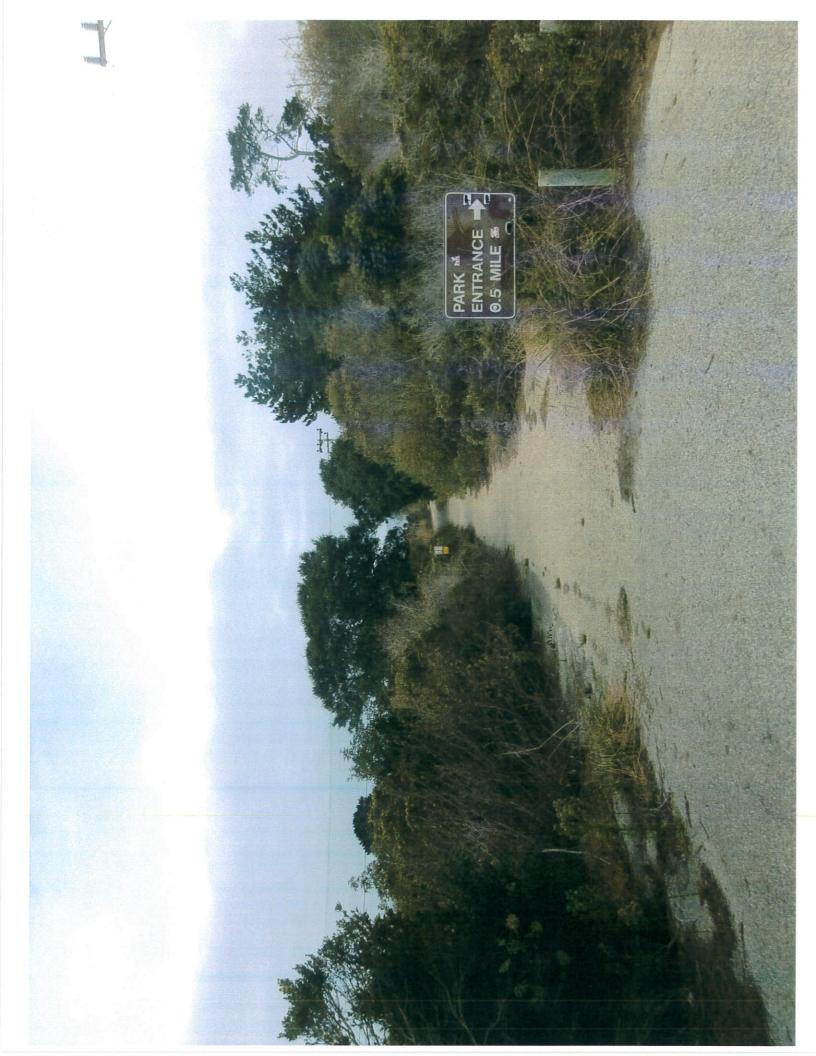
"USA" Inquiry Date USA Inquiry ID Number

Crown Castle	
Applicant Name	
222 E. Cabrillo St, Suite 107	
Mailing Address Santa Barbara, CA 93101	
City, State Zip	
(805) 704-4909	

Area Code & Phone and email

Applicant Signature a Kbeng. net











555 County Center, 5th Floor Redwood City, CA 94063 (650) 363-4100 PUBLIC WORKS PERMIT

DPW2016-00784

Permit Number:

07/06/2016

Issued:

Inspection Request: (650) 599-7273 (Bayside)

Page 1 of 1

(650) 599-7296 (Coast)

Do not begin construction without confirming date and time of inspection. Minimum notice is 48 hours to start.

		· · · · · · · · · · · · · · · · · · ·	
APPLICANT NAME:	KEN GAUNT		
SITE ADDRESS:	6 Bean Hollow RD	AREA: PESCADERO	
APPLICANT INFORMATION		CONTRACTOR INFORMATION	
KEN GAUNT CROWN CASTLE USA INC 222 E. CABRILLO STREE SANTA BARBARA, CA 93 PHONE #1: 72441620 PHONE #2: 80570449	Г SUITE 107 101 00	PHONE #1: PHONE #2:	
PROJECT NAME:	TRAFFIC CONTROL		
PROJECT DESCRIPTION:		ffic control for the attachment of fiber optic cable to existing utili- ee attached plans, (976-DVNPT-E04-SMC) Use Traffic Control	
TYPE OF PERMIT: Other	DATE OF I SEWER D COUNTY S PERMIT E	ROUND SERVICE ALERT (USE) NO.: USA INQUIRY: DISTRICT: undefined SIP REQ'D?: N EXPIRATION DATE: 08/31/2016	<b>#</b> 400.00
		roachment Fee UNT PAID:	\$106.00 <b>\$106.00</b>
consists of the Special Provis	sions and Standard Details of San Ma bed, is to be strictly construed and no	ns, conditions, and restrictions set forth herein. This permit ateo County as applicable, attached and made a part hereof. To other activity shall be permitted. Notify County Road	he
from all claims, suits or action person or damage to propert	ns of every name, kind and description	mless the County, its officers, agents, employees and servants on, brought for, or on account of, injuries to or death of any any work authorized or required by this Permit of Permittee and	/or
		INSURANCE	
Permittee is required to main minimums as a condition of t		surance in amounts equivalent to or exceeding the legal	
	APPROVAL BY DE	EPARTMENT OF PUBLIC WORKS	
This permit was issued by me	e on:	** FOR OFFICE USE ONLY **	k
Date: 07/06/2016	3	Date Completed:	
Reviewed by: Adolfo Ore	llana 🔎	By:	
Signed:	/	Бу.	

#### DEPARTMENT OF PUBLIC WORKS



Road Operations - Permits 455 County Center, 2/FI. Redwood City, CA 94063 (650) 363-1822

JAMES C. PORTER Director of Public Works

DPW20	10-00784
Date:	
Plan Che	ck #:
APN:	
Plan Che	ck #:

**ENCROACHMENT PERMIT APPLICATION** To Whom It May Concern: The undersigned hereby applied for permission to excavate, construct and/or otherwise encroach upon the Right-of-Way of the County of San Mateo road(s) listed: **DESCRIBED LOCATION OF PROPOSED ACTIVITY** Pigeon Point Rd. DESCRIBED PROPOSED ACTIVITY: <Attach site plan and sketch or scaled drawing> Attachment of fiber optic cable to existing utility poles, shown on attached plans (976-DVNPT-E04-SMC). \*\*for all questions, redlines, fees and please contact Ken Gaunt (951) 970-5279\*\* NOTE: State of California Government Code Sections 4216 through 4216.9 require an INQUIRY IDENTIFICATION NUMBER be assigned to every person planning to conduct an excavation in a Public Right-of-Way or Private Easement. If applicable, the applicant shall call the "USA" Regional Notification Center at 800-642-2444 a minimum of two (2) days prior to commencing that excavation. NO PERMIT TO EXCAVATE ISSUED BY SAN MATEO COUNTY SHALL BE VALID UNLESS THE APPLICANT HAS OBTAINED AN INQUIRY ID NUMBER FROM "USA." 08/01/16 08/05/16 PROPOSED ENCROACHMENT DATE(S): START **FINISH** Applicant agrees to accomplish the described activity in accordance with applicable County of San Mateo codes, regulations, restrictions and specifications and to be subject to inspection and approval by the Dept. of Public Works. Applicant shall indemnify and save harmless the County, its officers, agents, employees and servants from all claims, suits or actions on every name, kind and description, brought for, or on account of, injuries to or death of initials any person or damage to property resulting from the performance of any work authorized or required by the County in conjunction with this request. Applicant is required to maintain property damage and liability insurance in amounts equivalent to or exceeding the legal minimums as a condition of this permit. initials APPLICANT COMPLETE PLEASE PRINT Crown Castle "USA" Inquiry Applicant Name 222 E. Cabrillo St, Suite 107 Date Mailing Address Santa Barbara, CA 93101 City, State Zip USA Inquiry ID Number (805) 704-4909 Area Code & Phone and email

FRM00403.DOC (2/4/2015)

Applicant Signature

# RECOMMENDED ADVANCE WARNING SIGN SPACING

			DISTANCE B	DISTANCE BETWEEN SIGNS*	·S.
AOA.	KOAD I YPE		4	æ	U
(DEBAN (LOW SPEED)	25 MPH OR LESS	23	100	20.	Si
(GEES HOH) WYBEN		MORE THAN 25 MPH TO 48 MPH	52	20	8
URBAN (HIGH SPEED)	MORE THAN 40 MPH	Hawa	350	350	SE
RURAL			905	905	905
EXPRESSIVAY / FREEWAY	BAY		1,000	1.500	2640
-CDEED-	5	MINIMUM TAPI R WIDTH OF C	MINIMUM TAPER LENGTH*** FOR WIDTH OF OFFSET 12 FT (W)	(M	BUFFER
(MPH)	MERGING (FT)	SHFING	SHOULDER CF)	DOWN STREAM (FT)****	SPACE (F1)
R	96	07	12	95	115
23	125	8	42	90	156
DE	180	8	99	95	300
M	245	123	95	55	250
94	320	160	107	99	345
45	540	270	160	99	360
s	600	300	300	90	425
SI	099	330	022	50	56*
99	720	340	240	95	945
99	780	340	260	99	645
22	27	27	340	96	210

- POSTED SPEED LIMIT, OFF PEAK 25TH - PERCENTILE SPEED PRIOR TO WORK PERATING SPEED IN MPH.

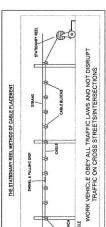
FOR OTHER CHESETS USE THE FOLLOWING FOR SPEEDS OF 40 MPH OR LESS, L+WENGS FOR SPEEDS OF 45 MPH OR MORE, L+WS

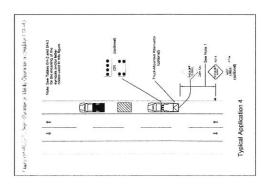
WHERE IS THE STATE OF THE WAYNERS OF THE STATE OF THE STA

MAXIMUM DOVINSTREAM TAPER LENGTH 15 199 FEET

TEMPORARY "NO PARKING" SIGNS SHALL BE INSTALLED AT LEAST 72 HOURS BEFORE ENFORCEMENT.

WORK VEHICLE OBEY ALL TRAFFIC LAWS AND NOT DISRUPT TRAFFIC ON CROSS STREETS/INTERSECTIONS THE STATIONARY REEL METHOD OF CABLE PLACEMENT





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SEE LANE -

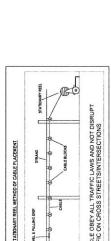
HOAR HOAN HELD

BREDME

**+** 314 8

361 §

**\$** 





E FLUSHING ARROW BOARD

© UTLITY POLE

TWITH = TWO WAY LETTLIRH LANE

WORK AREA

WORK AREA

W. RIGHT OF WAY

DW. BROWT OF WAY

W. R. MOT POSTED

TYPE III BARRICADE TYPE II BARRICADE

SIGN (SHDWN FACING LEFT)

pn 850 1730

444 ALOY 71-11 RATE

OVERHEAD (OHF): 6,163'

FOOTAGE

CROWN CASTLE (CROWN CASTLE PROJECT # 200796) AERIAL TRAFFIC CONTROL PLAN BEAN HOLLOW RD

TRAFFIC CONTROL LEGEND

VICINITY MAP

JOB SITE

TOTAL FOOTAGE: 6,163

TG 667 - H4, H5, H6

SONALGED NOTERSECTION

CONES

PJAGGER

# GENERAL NOTES:

NORDLALS WHO ARE NOW, EDIZEABLE IN THE PRINCIPLES OF PROPER TEMPORARY TRUTTO.
VARIOL, ITTLE SHOULD BE ASSIGNED RESPONSEER. ITTLY FOR SAFETY WITT DANS TO OFFICE THAT IT, TO ENSET TO FAVA AND ARE STELLINE THE PROMISED FOR WORTH THE TO FAVA AND ARE STELLINE BY PROMINGHES OF THE PAYA WORTH. EFFECTIVE IN PROVIDING REASON PEDESTRIANS, AND WORKERS.

WHEN WORK IS SUSPENDED FOR SHORT PERIODS OF TIME, TTC DENCES THAT ARE NO LONGER APPROPRIATE SHALL BE REMOVED OR COVERED.

## AUDRILE INFORMATION DEVICES ARE TO BE USED. TO ASSIST PEDESTRANI DISABILITES: WHERE MEDED. CONTRACTOR SHALL PROVIDE FOR ACCESS TO ALL ADJACENT PROF

ALL TEMPORARY TRAFFIC CONTROL (TTC) WILL BE COMPLIANT WITH THE CALIFORNIA MUTCD 2014.

THESE WITH WEST

TYPICAL FLAGMAN AT INTERSECTION REFER TO MUTCD SIGN SPACING CHART ON SHEET ONE FOR FOOTAGES

1 1

1 200

+ 1

POND WORK



TEMPORARY TRAFFIC CONTROL PLAN

PLAN REVISIONS

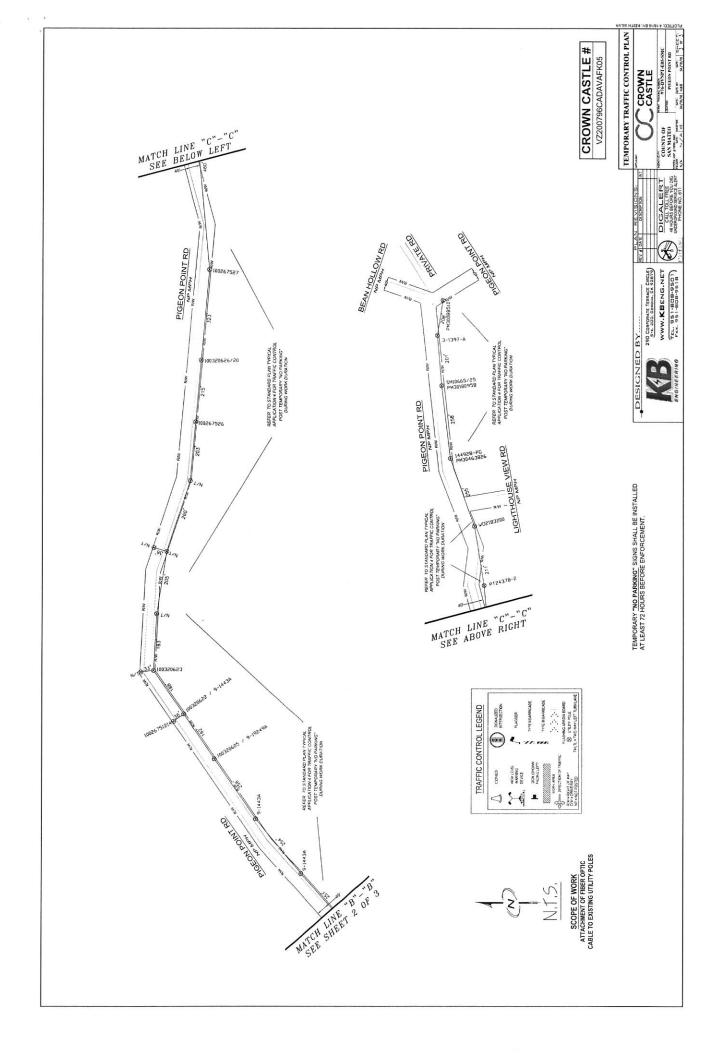
290 CORPORATE TERRACE CIRCLE) STE. 200, CORONA, CA 92879) WWW.KBENG.NET

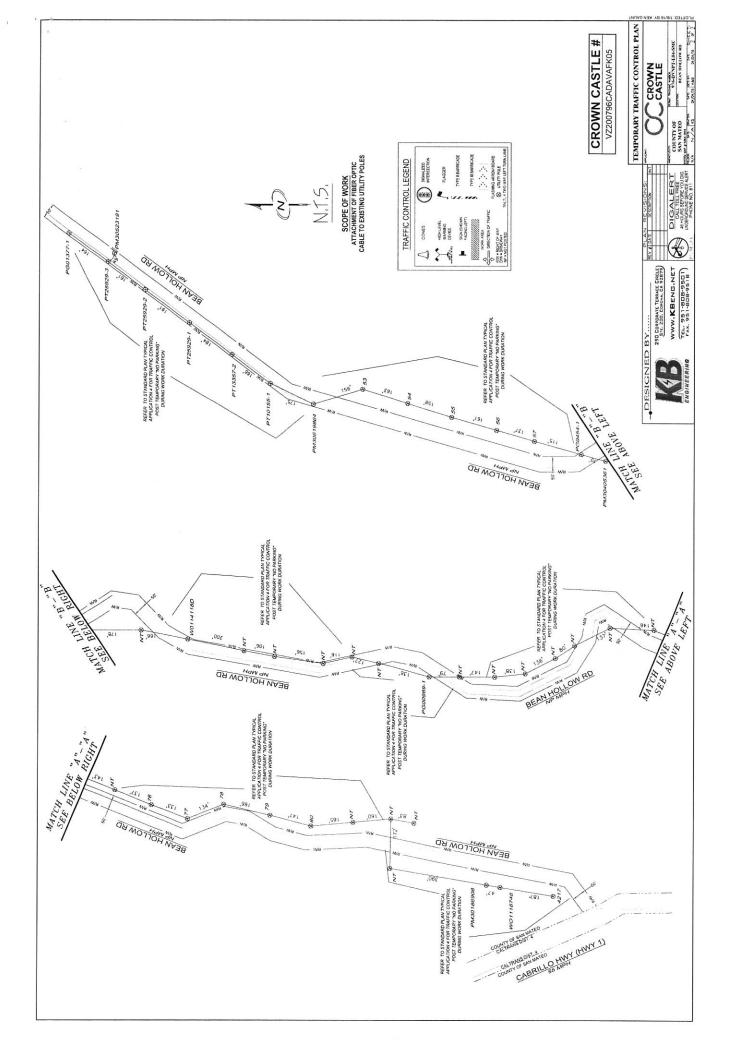
DESIGNED BY

C CASTLE DIGALERT
CALTOL FREE
48 HOURS BEFORE YOU DIG
UNDERGROUND SERVICE ALERT
PHONE NO. 811 ž

COUNTY OF THE STATE OF STATE O

VZ200796CADAVAFK05





**HPCOMMUN** 

ACORD.

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/31/2016

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 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	CONTACT Andrew Mendoza			
Barney & Barney, A Marsh & McLennan	PHONE (A/C, No, Ext): 858 587-7462 FAX (A/C, No): 858 210			
Insurance Agency LLC Company	E-MAIL ADDRESS: andrew.mendoza@barneyandbarney.com			
P.O. Box 85638; CA License #0H18131	INSURER(S) AFFORDING COVERAGE	NAIC#		
San Diego, CA 92186	INSURER A: Starr Indemnity & Liability Com	38318		
INSURED	INSURER B: Liberty Insurance Underwriters	19917		
HP Communications Inc.	INSURER C: Atlantic Specialty Insurance Co	27154		
13341 Temescal Canyon Road	INSURER D: Travelers Casualty and Surety C	31194		
Corona, CA 92883	INSURER E: Lloyd's of London			
	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.

NSR TYPE OF INSURANCE ADDLISUBER (MM/DD/YYYY) POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS

A GENERAL LIABILITY X X GL1000025419151 07/15/2015 EACH OCCURRENCE \$1,000,000

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	X	X	GL1000025419151	07/15/2015	07/15/2016	EACH OCCURRENCE	\$1,000,000
1	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
1	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY	X	X	SISIPCA08337215	07/15/2015	07/15/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	UMBRELLA LIAB X OCCUR			100004938907	07/15/2015	07/15/2016	EACH OCCURRENCE	\$9,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$9,000,000
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC10000018120	07/15/2015	07/15/2016	X WC STATU- TORY LIMITS OTH- ER	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			18			E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Equipment Floater			7100336610002	07/15/2015	07/15/2016		
							Leased/Rented: \$10	0,000
							Deductible: \$2,500	- 69 T. 48 T.T.

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

The city and County of San Francisco and its Public Utilities Commission, and their respective officers,

agents, volunteers, and employees are included as additional insured with respects to General Liability and Auto Liability per the attached endorsements. Waivor of Subrogation applies to Workers Compensation per the attached endorsements.

CERTIFICATE HOLDER	CANCELLATION
County of San Mateo Attn: Public Works Dept 555 County Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Redwood City, CA 94063	AUTHORIZED REPRESENTATIVE
	Andrew Mendoya

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POLICY #: GL1000025419151

POLICY PERIOD: 07/15/2015

TO: 07/15/2016

COMMERCIAL GENERAL LIABILITY CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Where Required By Written Contract	Where Required By Written Contract
Information required to complete this Schedule, if not sh	own above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are

required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

- b. That portion of 'your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

 Required by the contract or agreement described in Paragraph A.1.; or 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

General Aggregate Limit		\$ 2,000,000
Each Occurrence Limit		\$ 1,000,000
Products-Completed Operations Aggregate Limit	(4)	\$ 2,000,000
Personal & Advertising Injury Limit		\$ 1,000,000
Damage to Premises Rented to You		\$ 100,000
Medical Expense Limit		\$ 5,000

- II. SECTION III LIMITS OF INSURANCE is deleted in its entirety and replaced by the following:
  - The Limits of Insurance and the rules below fix the most we will pay regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - c. Persons or organizations making claims or bringing "suits".
  - The General Aggregate Limit is the most we will pay under Coverages A, B, and C combined for the sum of:
    - a. Medical expenses under Coverage C;
    - Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the products-completed operations hazard"; and
    - c. Damages under Coverage B.

regardless of the number of projects or "locations."

- The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage A for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".
- 4. Subject to Paragraph 2 above, the Personal and Advertising Injury Limit is the most we will pay under Coverage B for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization.
- 5. Subject to Paragraph 2 or 3 above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:
  - a. Damages under Coverage A; and
  - b. Medical expenses under Coverage C

because of all "bodily injury" and "property damage" arising out of any one "occurrence".

6. Subject to Paragraph 5 above, the Damage to Premises Rented to You Limit is the most

Manuscript

Page 2 of 4

All other terms and	conditions of this	policy remain the s	ame.

Signed for STARR INDEMNITY & LIABILITY COMPANY

Charles H. Dangelo President

Nehemiah E. Ginsburg, General Counsel

Manuscript

Page 4 of 4



Dallas, TX 1-866-519-2522

#### THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This policy is amended as follows:

#### BUSINESS AUTO COVERAGE FORM

#### SCHEDULE

#### ADDITIONAL INSURED

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON OR ORGANIZATIONS LIABILITY ARISING OUT OF THE USE OF A COVERED "AUTO"

- SECTION II LIABILITY COVERAGE A. Coverage, 1. Who is Insured, is amended to add:
  - d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:
    - The coverage and/or limits of this policy, or
    - (2) The coverage and/or limits required by said contract or agreement.



555 County Center, 5th Floor Redwood City, CA 94063 (650) 363-4100

**PUBLIC WORKS PERMIT** 

DPW2016-00785

Permit Number: Issued:

07/06/2016

(650) 599-7273 (Bayside)

Page 1 of 1

Inspection Request:

Do not begin construction without confirming date and

(650) 599-7296 (Coast)

1
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		time of inspection. Minimum notice is 48 hours to sta
DICANT NAME:	KEN GALINT	

APPLICANT NAME:	KEN GAUNT						
SITE ADDRESS:	460 PIGEON POINT RD	А	REA: PESCADERO				
APPLICANT INFORMATION		CONTRACTOR INF	ORMATION				
KEN GAUNT CROWN CASTLE USA INC 222 E. CABRILLO STREET SANTA BARBARA, CA 931 PHONE #1: 724416200 PHONE #2: 805704490	SUITE 107 01 00	, PHONE #1: PHONE #2:	2				
PROJECT NAME:	TRAFFIC CONTROL						
PROJECT DESCRIPTION:	CROWN CASTLE USA INC. to traffic control poles along a second segment of Pigeon I Use Traffic Control per CA MUTCD/Caltra	Point Road. See attache					
TYPE OF PERMIT: Other	<b>DATE OF USA IN</b> SEWER DISTRIC COUNTY SIP RE	T: undefined	NO.:				
Road Encroachment Fee \$106 FEE AMOUNT PAID: \$106							
consists of the Special Provis	Permit shall be subject to all the terms, concisions and Standard Details of San Mateo Cobed, is to be strictly construed and no other arting work.	ounty as applicable, attac	hed and made a part hereof. The				
from all claims, suits or action person or damage to propert	tractor shall indemnify and save harmless the soft every name, kind and description, brown the performance of any work agents, employees and/or servants.	ught for, or on account of	, injuries to or death of any				
	<u>INSUF</u>	RANCE					
Permittee is required to main minimums as a condition of t	tain property damage and liability insurance his permit.	e in amounts equivalent to	o or exceeding the legal				
	APPROVAL BY DEPARTI	MENT OF PUBLIC WORI	<u>(S</u>				
This permit was issued by me	e on:		** FOR OFFICE USE ONLY **				
Date: 07/06/2016	3		Date Completed:				
Reviewed by: Adolfo Orellana							

Signed:

#### DEPARTMENT OF PUBLIC WORKS



Road Operations - Permits 455 County Center, 2/FI. Redwood City, CA 94063 (650) 363-1822

JAMES C. PORTER Director of Public Works

**USA Inquiry ID Number** 

DPW2014	-00785
Date:	
Plan Check #:	
APN:	

**ENCROACHMENT PERMIT APPLICATION** To Whom It May Concern: The undersigned hereby applied for permission to excavate, construct and/or otherwise encroach upon the Right-of-Way of the County of San Mateo road(s) listed: **DESCRIBED LOCATION OF PROPOSED ACTIVITY** Pigeon Point Rd. DESCRIBED PROPOSED ACTIVITY: <Attach site plan and sketch or scaled drawing> Attachment of fiber optic cable to existing utility poles, shown on attached plans (976-DVNPT-E05-SMC). \*\*for all questions, redlines, fees and please contact Ken Gaunt (951) 970-5279\*\* NOTE: State of California Government Code Sections 4216 through 4216.9 require an INQUIRY IDENTIFICATION NUMBER be assigned to every person planning to conduct an excavation in a Public Right-of-Way or Private Easement. If applicable, the applicant shall call the "USA" Regional Notification Center at 800-642-2444 a minimum of two (2) days prior to commencing that excavation. NO PERMIT TO EXCAVATE ISSUED BY SAN MATEO COUNTY SHALL BE VALID UNLESS THE APPLICANT HAS OBTAINED AN INQUIRY ID NUMBER FROM "USA." 08/08/16 08/12/16 PROPOSED ENCROACHMENT DATE(S): START **FINISH** Applicant agrees to accomplish the described activity in accordance with applicable County of San Mateo codes, regulations, restrictions and specifications and to be subject to inspection and approval by the Dept. of Public Works. Applicant shall indemnify and save harmless the County, its officers, agents, employees and servants from all claims, suits or actions on every name, kind and description, brought for, or on account of, injuries to or death of initials any person or damage to property resulting from the performance of any work authorized or required by the County in conjunction with this request. Applicant is required to maintain property damage and liability insurance in amounts equivalent to or exceeding the legal minimums as a condition of this permit. initials APPLICANT COMPLETE PLEASE PRINT Crown Castle "USA" Inquiry Applicant Name 222 E. Cabrillo St, Suite 107 Date Mailing Address

Applicant Signature

Santa Barbara, CA 93101

City, State Zip

(805) 704-4909 Area Code & Phone and email

# RECOMMENDED ADVANCE WARNING SIGN SPACING

ANN CREES TO THE STATE OF THE S	ROAD	ROAD TYPE		DISTANCE	DISTANCE BETWEEN SIGNS	SS
NAME OF CONTROL OF CON				4	m	
MINIMUM TAPER LENGTH***   MINIMUM TAPER LENGTH***   PART	URBAN (LOW SPEED)		55	901	301	
100   100	UKBAN (-IGH SPEED)		MPH TO 45 MPH	250	92	82
Store regease   Store regeas	URBAN (HIGH SPEED)		Hermo	150	95	SE
FREENAN MINIMUM AFFER LEVENTH	RURAL			900	98	35
NAINMUM TAPER LENGTH**   FIG.   NAINMUM TAPER LENGTH**   NAINMUM TAPE	PPESSWAY FREE	MAY		1.500	1,500	2.643
N   N   N   N   N   N   N   N   N   N	-Cases	FO	MINIMUM TAP R WIDTH OF C	ER LENGTH***	(M	BUFFER
2	S (MBH)	MERGING (FT)	SHIFTING FIJE	SHOULDER US	STREAM (FT)	SPAC (FT)
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2	XI.	N.	43	42	35	155
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"- POSTED SPEED LIMIT OFF PEAK ISTH - PERCENTLE SPEED PROPRIO WORK STARTING OR THE ANTICIPATED OPERATING SPEED IN WHY.

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NO WORD OF OFFICE WEET

S - POSTED SPEED LANT OF FEAK 6574 - FERCENTLE

S - POSTED SPEED LANT OF FEAK 6574 - FERCENTLE

ANTICIPATED OPFEATING SPEED IN JUPY

To the

TEMPORARY "NO PARKING" SIGNS SHALL BE INSTALLED AT LEAST 72 HOURS BEFORE ENFORCEMENT.

THE STATIONARY REEL METHOD OF CABLE PLACEMENT

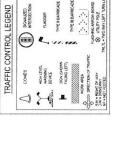


TOTAL FOOTAGE: 7,282'

OVERHEAD (OHF): 7,282' FOOTAGE

CROWN CASTLE (CROWN CASTLE PROJECT # 200796)
AERIAL TRAFFIC CONTROL PLAN PIGEON POINT RD

SCOPE OF WORK
ATTACHMENT OF FIBER OPTIC
CABLE TO EXISTING UTILITY POLES



## GENERAL NOTES:

WORK VEHICLE OBEY ALL TRAFFIC LAWS AND NOT DISRUPT TRAFFIC ON CROSS STREETS/INTERSECTIONS

WHEN WORK IS SUSPENDED FOR SHORT FERIODS OF TIME TITC DEVICES THAT ARE NO LONGER APPROPRIATE SHALL BE REMOVED OR COVERED. ALL TIC DEVICES SHALL BE REMOVED AS SOON AS PRACTICA WHEN THEY ARE NO "DINDER NEEDED.

with the Control Dealer & World Secretion of Studies (19-4)

TYPICAL FLAGMAN AT INTERSECTION

REFER TO MUTCD SIGN SPACING CHART ON SHEET ONE FOR FOOTAGES

383 5

17.00 20.00

Note: See Tables RH-2 and BH-3 for the meaning of the symbols and/or letter codes used in this figure.

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uch-Mounted Attenuator (topfonal)

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Typical Application 4

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CONTRACTOR SHALL PROVIDE FOR ACCESS TO ALL ADJACENT I

AUDIELE INFORMATION DEVICES ARE TO BE USED, TO ASSIST DISABLITIES WHEFE NEEDED.

- ALL TEMPORARY TRAFFIC CONTROL (TTC) WILL BE COMPLIANT WITH THE CALIFORNIA MUTCD 2014.



STE. 200, CORDAN, CA 92879 WWW.KBENG.NET

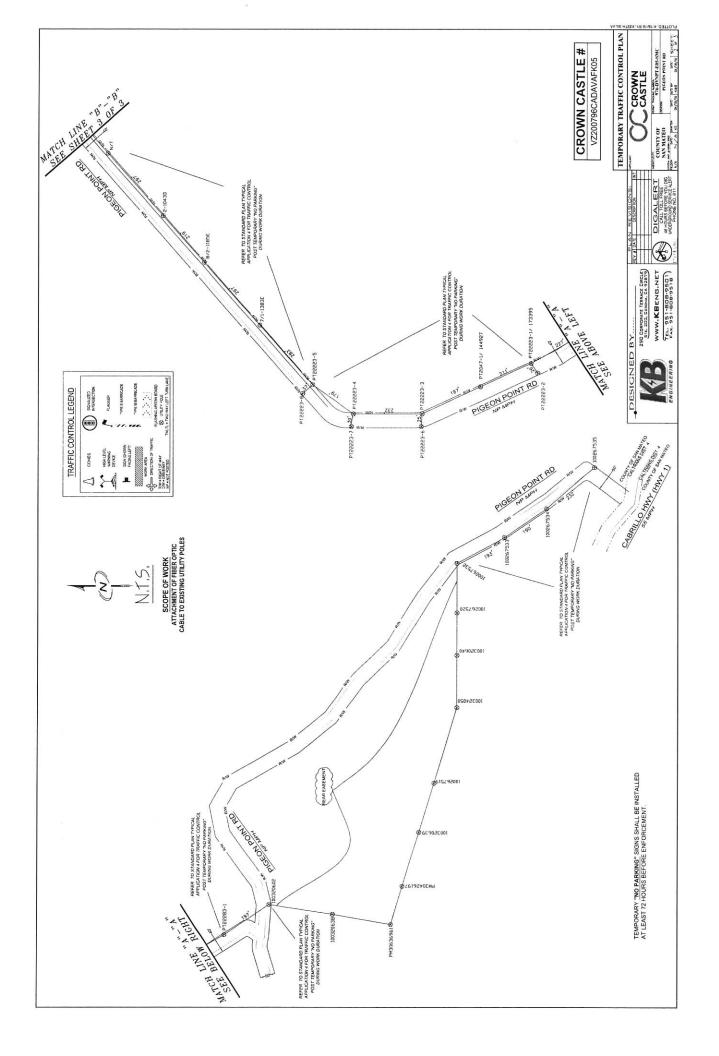
C CASTLE

TEMPORARY TRAFFIC CONTROL PLAN CROWN CASTLE# VZ200796CADAVAFK05

TOTAL ERT OF TOTAL

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OUT OF SHEET



#### **HPCOMMUN**

ACORD.

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2016

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 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	CONTACT Andrew Mendoza		
Barney & Barney, A Marsh & McLennan Insurance Agency LLC Company	Wallie.	8 210-3949	
P.O. Box 85638; CA License #0H18131 San Diego, CA 92186	INSURER(S) AFFORDING COVERAGE INSURER A : Starr Indemnity & Liability Com		
HP Communications Inc.	INSURER B: Liberty Insurance Underwriters 1997 INSURER C: Atlantic Specialty Insurance Co 2715		
13341 Temescal Canyon Road Corona, CA 92883	INSURER D: Travelers Casualty and Surety C INSURER E: Lloyd's of London	31194	
COVERAGES CERTIFICATE NUMBER:	INSURER F: 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.

NSR TYPE OF INSURANCE ADDITIONS POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS

GENERAL LIABILITY X X GL1000025419151 07/15/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED REMISES (Ea occurrence) \$50,000

	1								
L		X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
ı		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
ı								PERSONAL & ADV INJURY	\$1,000,000
ı								GENERAL AGGREGATE	\$2,000,000
L		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
L		POLICY X PRO- JECT LOC							\$
1	4	AUTOMOBILE LIABILITY	X	X	SISIPCA08337215	07/15/2015	07/15/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ı		X ANY AUTO						BODILY INJURY (Per person)	\$
ı		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
ı		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
1	3	UMBRELLA LIAB X OCCUR			100004938907	07/15/2015	07/15/2016	EACH OCCURRENCE	\$9,000,000
ı		X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$9,000,000
		DED RETENTION\$							\$
1		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC10000018120	07/15/2015	07/15/2016	X WC STATU- TORY LIMITS OTH- ER	
L		ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$1,000,000
1	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,000
1	2	Equipment Floater			7100336610002	07/15/2015	07/15/2016	Scheduled: \$2,742,3	78
ı								Leased/Rented: \$10	0,000
							1	area in service of control and beautiful	15

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

The city and County of San Francisco and its Public Utilities Commission, and their respective officers, agents, volunteers, and employees are included as additional insured with respects to General Liability and Auto Liability per the attached endorsements. Waivor of Subrogation applies to Workers Compensation per the attached endorsements.

CERTIFICATE HOLDER	CANCELLATION
County of San Mateo Attn: Public Works Dept 555 County Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Redwood City, CA 94063	AUTHORIZED REPRESENTATIVE
1	Andrew Mendoga

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Deductible: \$2.500



555 County Center, 5th Floor Redwood City, CA 94063 (650) 363-4100

Payment Receipt

Check #:

2109858

Receipt #:

489752

Money Received By:

DPWPERMITS

Name: Address: KEN GAUNT 460 PIGEON POINT RD, PESCADERO, CA 94060

Parcel #:

Case Number	Account Number	Description	Date Paid	Amount Due	Amount Paid
Public Works Depar	rtment				
DPW2016-00785	45240-1251	Road Encroachment Fee	7/6/16	\$106.00	\$106.00
				Total Paid:	\$106.00
				Grand Total: Balance Due:	\$106.00 \$0.00