



Public Right of Way Application

Applicant Information:

Name of Company: TAK Broadband o/b/o Comcast

Address: 2948 Rice St

City/State/ZIP: Little Canada, MN 55113

Phone Number: 605-709-3999

Fax Number: n/a

Email Address: TCR-Permits@takcommunications.com

Representatives Name: Ira Darlington

Project Information:

Project Name: JB 2196117

Project Address/Location: 1164 79th Ave NE

City/State/ZIP: Spring Lake Park, MN, 55432

Parcel Number(s): 01-30-24-34-0093

Description of Work and restoration plan: (Attach additional pages if necessary)

We will be replacing a 130' span of underground coaxial cable on behalf of Comcast by method of 2" directional bore at 1164 79TH AVE NE, SPRING LAKE PARK, MN 55432.

Duration of the Right of Way:

Start Date: 8/4/25

End Date: 12/31/25

The City of Spring Lake Park reserves the right to modify the schedule as necessary in the issuance of the permit. Therefore, the dates stated on this application may not necessarily match actual approved dates.

Attachments Required:

☒ Site Plan/Map

☒ Project Drawings

☐ Traffic Control Plan

☐ Proof of Insurance (copy of policy)

☐ Property Deed or Owner Authorization

☐ Environmental Impact Assessment (if applicable)

☐ Other: _____

Applicant's Certification:

I, the undersigned, certify that I am the owner or authorized agent of the owner, and that the information provided in this application is true and accurate to the best of my knowledge. I agree to comply with all applicable laws and regulations related to the requested right of way.

In lieu of an escrow fee, we will bill the project owner for actual restoration fees if needed.

Signature: Ara Darlington

Date: 7/30/25

For Office Use Only:

Application Number: _____

Date Received: 7/30/25

Reviewed By: CK

Approval Status: ☒ Approved ☐ Denied

Conditions of Approval/Reasons for Denial: _____

Signature of Reviewing Officer: George Langer

Date: 7/30/25

Right of Way Permit - \$150.00

☐ Excavation Hole - \$150.00

☐ Emergency Hole - \$75.00

☐ Trench - \$70/100'

☐ Obstruction Fee - \$150.00

☐ Overhead Obstruction - \$150.00

☐ Boring Holes - \$50.00 per hole

☐ Other: _____

Instructions for Submission:

Complete the application form in its entirety.

Attach all required documents and plans.

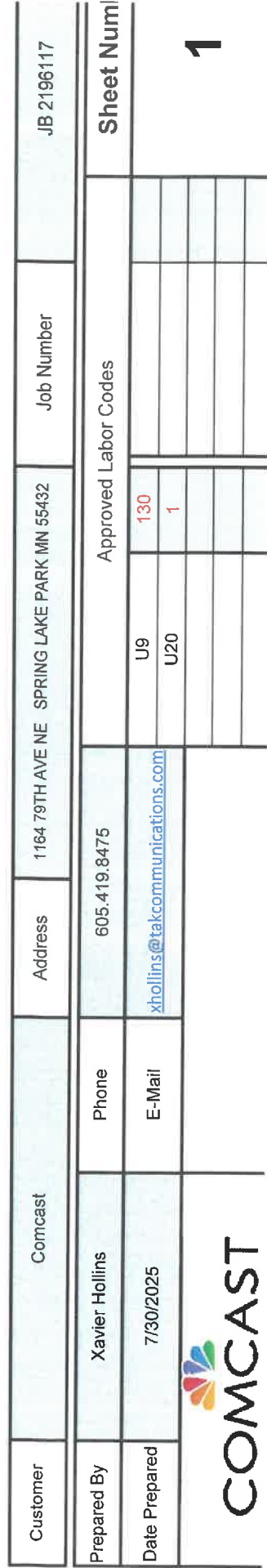
Submit the application to info@slpmn.org or wbrown@slpmn.org.

Please verify specific requirements and guidelines with the appropriate agency before submission, as these can vary by location and project type.

APPLICANT MUST CONTACT THE SPRING LAKE PARK PUBLIC WORKS DIRECTOR AT 763-792-7227 48 HOURS PRIOR TO COMMENCING WORK.



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CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)
12/18/2024

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	Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS:	FAX (A/C No.):
INSURED	TAK BROADBAND, LLC 1540048 4401 S. TECHNOLOGY DRIVE SIOUX FALLS SD 57106	INSURER(S) AFFORDING COVERAGE INSURER A : QBE Insurance Corporation 39217 INSURER B : Stonington Insurance Company 10340 INSURER C : North Pointe Insurance Company 27740 INSURER D : Praetorian Insurance Company 37257 INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 20477602

REVISION NUMBER: XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	171000201	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY	N	N	1612000825	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	191000114	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	152000531	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER

CANCELLATION

20477602 CITY OF SPRING LAKE PARK 1301 81ST AVE NE SPRING LAKE PARK, MN 55432	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
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