



**Permit Application for  
Utility Installation Proposal  
in County Right-of-Way or Easement**

Permit No.: 25-101  
 Rec'd Date: 03/04/25  
 Decision: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Comments: \_\_\_\_\_

5, 53

**Lubbock County Public Works**  
 P.O. Box 10536  
 Lubbock, Texas 79408  
[PublicWorks@LubbockCounty.gov](mailto:PublicWorks@LubbockCounty.gov)  
 Phone. 806.775-1664

*Pursuant to §251.016 The Commissioners Court may exercise general control over all roads in the county.*

**Section 1: Application Information**

A. Applicant: South Plains Telephone Cooperative, Inc. B. Contractor: \_\_\_\_\_  
 Address: PO BOX 1379 Address: \_\_\_\_\_  
Lubbock, TX 79408-1379  
 Contact Name: Justin Skarda Contact Name: \_\_\_\_\_  
 Phone: Ofc:806.863.8006 Cell:806.441.5826 Phone: \_\_\_\_\_  
 Email: justin.skarda@sptc.coop Email: \_\_\_\_\_

**Section 2: Proposal Details (Locations, Type, and Timeline of Installation)**

A. Location of Installation: (if applicable, length of installation in feet): NW corner of intersection CR 3100  
and FM 41 going North on West side of CR 3100 ROW for approx. 5,220 ft. (1 crossing)  
 B. Type of installation: Underground fiber optic telecommunications cable

Yes No  
☐ ☐ Completed Application  
☐ ☐ Does this pipeline fall under the Texas Railroad Commission (flow lines)  
☐ ☐ Will the line transport salt brine?

C. Proposed length of installation activities: 30 CALENDAR DAYS (calendar days or working days)

Proposed start date: 3-10-2025 Completion date: 4-9-2025

*Applicant will commence actual construction/work in good faith within 60 days from the date this Proposal is approved by the Lubbock County Commissioners Court. If such construction/work is not begun by the 60<sup>th</sup> day, Applicant will be required to apply for a new proposal.*

**Section 3: Submittal Checklist**

- ☐ Completed Application  
☐ Drawings/plans-Attach the drawings of the type of work, location, a Traffic Control Plan (in accordance with the Texas Manual on Uniform Traffic Control Devices) and description of the proposed line shown. The material specifications, minimum yield strength, and maximum operation pressure must be described on the attached drawings.  
☐ Check Payment (If the Application is denied, then the amount will be refunded to Applicant)

Type of Installation	Crossing	Longitudinal
Overhead	\$150	\$50 per mile, maximum of \$150
Underground	\$250	\$75 per mile, maximum of \$250

[Signature]  
 Signature of Responsible Party

Construction Sup.  
 Title

3-4-2025  
 Date





crossing

crossing

crossing

crossing

crossing

crossing

Permit Number  
25-102

Posey Rd

Google Earth

Image © 2025 Airbus



CR 3100

Permit Number:  
25-101

Posey Rd



crossing

crossing

FM 411



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2025

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).

<b>PRODUCER</b> Telcom Insurance Group 1700 East Douglas Avenue Wichita KS 67214	<b>CONTACT NAME:</b> Megan Cox <b>PHONE (A/C, No, Ext):</b> 316-264-9317 <b>FAX (A/C, No):</b> 316-267-8358 <b>E-MAIL ADDRESS:</b> megan@telcominsgrp.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Rural Trust Insurance Company	
<b>NAIC #</b> 11134	
<b>INSURED</b> South Plains Telephone Cooperative, Inc. P.O. Box 1379 2425 Marshal Street Lubbock TX 79408-1379	<b>SOUTPLA-01</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 2076149205

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		RTIC-00015P-11	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		RTIC-00015P-11	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000		RTIC-00015P-11	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PERS/ADV INJURY \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	RTIC-00283-09	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>CONTRACTOR'S RENTAL</b>		RTIC-00015P-11	7/1/2024	7/1/2025	LIMIT OF LIABILITY DEDUCTIBLE \$4,076,479 \$500

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

**CERTIFICATE HOLDER****CANCELLATION**Lubbock County Public Works  
P.O. Box 10536  
Lubbock TX 79409

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