



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2023

DATE (MM/DD/YYYY)  
9/16/2022

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 | Lockbox Companies<br>1135 Avenue of the Americas, Suite 2010<br>New York, NY 10101<br>646-512-7300 | CONTACT<br>NAME<br>PHONE<br>(A/C, No, Ext)<br>E-MAIL<br>ADDRESS | PAX<br>(A/C, No) |
| INSURED  | Starwood Capital Group Holdings, L.P.<br>591 West Putnam Ave<br>Greenwich, CT 06830                | INSURER(S) AFFORDING COVERAGE                                   | NAIC #           |
| 1389244  |                                                                                                    | INSURER A: Endurance Assurance Corporation                      | 11551            |
|          |                                                                                                    | INSURER B:                                                      |                  |
|          |                                                                                                    | INSURER C: Allied World National Assurance Company              | 10690            |
|          |                                                                                                    | INSURER D: Sampo America Insurance Company                      | 11126            |
|          |                                                                                                    | INSURER E:                                                      |                  |
|          |                                                                                                    | INSURER F:                                                      |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|-----------------------------|-----------------------------|----------|------------------------------------------------------------------------------------------|---------------|
| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            | CERTIFICATE NUMBER: 18900515 |               | 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.                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          |               |
| PRR<br>LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                          | ADD. SUBR.<br>INS. END.      | POLICY NUMBER | POLICY EFF.<br>(MM/DD/YYYY) | POLICY EXP.<br>(MM/DD/YYYY) | LIMITS   |                                                                                          |               |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> No Ded/SIR<br>CENT. AGGREGATE - BUT APPLIES PER<br>POLICY <input type="checkbox"/> PRO-<br>JECT <input checked="" type="checkbox"/> LOC<br>OTHER | Y                            | Y             | AGL10012792504              | 4/1/2022                    | 4/1/2023 | EACH OCCURRENCE<br>(AGGREGATE TO PERIOD<br>PREMIER'S (2-6 occurrences))                  | \$ 2,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | AGG. CAP (All one event)                                                                 | \$ Excluded   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | PERSONAL & ADV. SERV.                                                                    | \$ 2,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | GENERAL AGGREGATE                                                                        | \$ 4,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | PRODUCTS - COMB. AGG.                                                                    | \$ 4,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          | \$            |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED<br>AUTOS ONLY<br><input checked="" type="checkbox"/> HIRE<br>AUTOS ONLY<br><input type="checkbox"/> SCHEDULED<br>AUTOS<br>NON-OWNED<br>AUTOS ONLY                                                                                   | Y                            | Y             | GAIR300174K5100             | 4/1/2022                    | 4/1/2023 | COMBINED SINGLE LIMIT<br>(PER ACCIDENT)<br>BODILY INJURY (Per person)                    | \$ 1,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | BODILY INJURY (Per occurrence)                                                           | \$ XXXXXXXX   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | PROPERTY DAMAGE<br>(Per accident)                                                        | \$ XXXXXXXX   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          | \$ XXXXXXXX   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          | \$ XXXXXXXX   |
| E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UMBRELLA/LIAB.<br>EXCESS LIAB.<br>DED. RETENTION                                                                                                                                                                                                                                                                                           | Y                            | Y             | 8807-1502                   | 4/1/2022                    | 4/1/2023 | EACH OCCURRENCE                                                                          | \$ 10,000,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | AGGREGATE                                                                                | \$ 10,000,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          | \$ XXXXXXXX   |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY EMPLOYER/EMPLOYEE EXCLUDED?<br>(Mandatory in NJ)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below                                                                                                                                                                      | Y                            | N             | WCDS160310                  | 4/1/2023                    | 4/1/2025 | <input checked="" type="checkbox"/> PER<br>STATUTE <input type="checkbox"/> OVER-<br>LIM |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | E.L. EACH ACCIDENT                                                                       | \$ 1,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | E.L. DISEASE - EX. EMPLOYEE                                                              | \$ 1,000,000  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          | E.L. DISEASE - POLICY LIMIT                                                              | \$ 1,000,000  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Raffle Schedule, may be attached if more space is required)<br>Metropolitan Government of Nashville and Davidson County are included in Additional Insured with respect to the General Liability, Automobile Liability, and Umbrella Liability policies as required by statute contract. Waiver of Subrogation applies in favor of the Additional Insured under the General Liability, Automobile Liability, and Umbrella Liability policies as required by statute contract. 30 days notice of cancellation applies except for 90 days notice payment of premium. Terrorism is included on the General Liability and Umbrella Liability. Exclusions follow form. |                                                                                                                                                                                                                                                                                                                                            |                              |               |                             |                             |          |                                                                                          |               |

|                                                                                                                                                                                                  |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                                                                                                                                                               | CANCELLATION                                                                                                                                                                                          |
| 18900515<br>The Metropolitan Government of Nashville<br>and Davidson County<br>Metro Legal & Claims<br>C/O Insurance and Safety Division<br>222 3rd Avenue North, Ste #501<br>Nashville TN 37201 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |

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ACORD 25 (2018/03)

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September 23, 2022

Devin Doyle, P.E.  
Nashville Department of Transportation  
Engineering Division  
720 South Fifth Street  
Nashville, TN 37206

**RE: Embassy Hotel – Encroachment Application**

Dear Devin,

I am writing on behalf of the owner of the property located at 710 Demonbreun Street in Nashville to make application for a Mandatory Referral for an encroachment that has arisen during construction over the public right of way line of certain building components. Specifically, the encroachments include the construction of a sign mounted to the building above the sidewalk along Demonbreun Street, lights and associated conduits located in the tree wells, and a channel drain located along 7<sup>th</sup> Avenue that runs under the sidewalk. A detailed plan showing the features is included with this application. Please find enclosed the following information:

- Mandatory Referral Application – signed and notarized
- \$250 Filing Fee
- Property Map
- License Agreement for Private Encroachment – signed and notarized
- Certificate of Liability Insurance
- Exhibits detailing the encroachment

I respectfully request that you review this information and let me know if NDOT has any issues with the encroachments. I have included a complete Mandatory Referral Application package for your consideration. Please review and let me know if you have any questions or need additional information. Thank you for your assistance and consideration.

Respectfully Submitted  
**Civil Site Design Group, PLLC**

Jeremy Westmoreland, P.E.  
Senior Associate

CSDG 16-032-01

# ***Metro Nashville*** ***Public Works***

**Improving the Quality of Life for Nashvillians and our Visitors**



## **Encroachment Approval Process in Public Right-of-Way**

The following information is for aerial, underground and building encroachments. Aerial encroachments require a resolution approved by the Metropolitan Council. Underground and building encroachments require approval by ordinance (three readings before the Metropolitan Council). Attached are the following items concerning the encroachment approval process for your use.

1. License Agreement for private encroachment
2. Sample insurance form
3. Petition to encroach upon a public right-of-way

Your firm should submit the following information:

- A. A letter of request to the Director of Engineering of Public Works.
- B. Engineering details: showing exact location of encroachment, design, measurements of sign, and anchoring details.
- C. Signed License Agreement.
- D. Insurance forms: minimum requirements, at least \$50,000 in case of injury to one person, \$100,000 in case of injuries to more than one person, and property damage insurance of at least \$5,000 each accident, \$10,000 aggregate.
- E. Processing fee of \$250.

Public Works will review and submit the application to the Metropolitan Planning Commission; this process normally takes 60 to 90 days. Upon approval by the Metropolitan Planning Commission and the Metropolitan Council an application must be made with Metropolitan Codes Administration, if applicable. A permit will be required to be taken out with Public Works by the contractor to perform the installation of the approved encroachment.

If you need further information please feel free to contact the Public Works' Right-of-Way Permits Office at 862-8782.

### CERTIFICATE OF INSURANCE

This is to further certify to the Metropolitan Government of Nashville and Davidson County concerning the policies of insurance listed above and the coverage provided thereby that:

1. The Contractual Insurance coverage is on a Blanket Broad Form basis unless specifically indicated below,
2. The company or companies, upon request, agree to deliver within fifteen (15) days a certified copy of any and/or all of the policies of insurance to The Metropolitan Government of Nashville and Davidson County,
3. If one (1) or more Umbrella Excess policies are used, there is no gap between the limits of the primary policies and the deductible feature of the Umbrella Excess policies,
4. Coverage under the primary policies have no deductible features unless there is a check mark here ( ). If there are deductible features or the insured has adopted a funded self-insurance program, they are fully explained on an attached sheet which becomes a part of this Certificate, and
5. The coverage provided shall not be cancelled, reduced in coverage, or allowed to lapse unless and until The Metropolitan Government of Nashville and Davidson County receives at least thirty (30) days advance written notice of same. The written notice must be delivered to the Metropolitan Risk Manager at his office shown as the address of the Certificate Holder below or the secondary Certificate Holder, if one is so listed below.

#### Name and Address of Certificate Holder

The Metropolitan Government of  
Nashville and Davidson County  
Metro Legal & Claims  
C/O Insurance and Safety Division  
222 3<sup>rd</sup> Avenue North, Ste #501  
Nashville, TN 37201

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
(Agency or Company)

by \_\_\_\_\_

(Authorized Representative)  
(Attach Power of Attorney)

LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS  
INTO THE PUBLIC RIGHT OF WAY

I/We, 7th Ave Nashville Hotel Owner, LLC, in consideration of the Resolution No. \_\_\_\_\_, to construct, maintain, install and/or operate an encroachment into, onto, over, or under the public right of way located at in Nashville, Davidson County, Tennessee, do hereby, for myself, my agents, customers, and assigns, waive and release and hold harmless The Metropolitan Government of Nashville and Davidson County, its agents, employees, and assigns from any and all claims, rights, or demands for damages that may arise from my/our use, construction and/or maintenance of the encroachment, to wit: (SEE ATTACHED DESCRIPTION OF ENCROACHMENT). I/We hereby certify to the Metropolitan Government of Nashville and Davidson County that I/We have executed a bond or liability insurance policy in such amount as agreed upon by the Director of Public Works and the Metropolitan Attorney, and in the form approved by the Metropolitan Attorney (per Metropolitan Code Section 38-1-1), which operates to indemnify and save The Metropolitan Government of Nashville and Davidson County harmless from all claims or demands that may result to persons or property by reason of the construction, operations or maintenance of the encroachment. I/We further agree that my/our obligations hereunder may not be assigned except upon approval of the Director of Public Works and the Metropolitan Attorney. I/We further acknowledge that any action that results in a failure to maintain said bond or liability insurance for the protection of The Metropolitan Government of Nashville and Davidson County shall operate to the granting of a lien to The Metropolitan Government of Nashville and Davidson County in the amount of the last effective bond/insurance policy. Said insurance or bond may not be cancelable or expirable except on 30 days notice to the Director of Public Works.

I/We further recognize that the license granted hereby is revocable by The Metropolitan Government upon recommendation of the Director of Public Works and approval by resolution of the Metropolitan County Council if it is determined to be necessary to the public welfare and convenience. In the event the Metropolitan Government revokes this license as contemplated by this paragraph, licensee will not be entitled to any compensation of any kind. This license shall also be strictly subject to the right of way easement owned by The Metropolitan Government. I/We agree to maintain, construct and use the encroachment in such a way as will not interfere with the rights and duties of the Metropolitan Government

as owner of the right of way. Said interference shall be additional grounds for revocation of the license for encroachment. I/We agree to pay the cost of construction, maintenance, use, as well as relocations cost of said encroachment. Licensee's failure to complete construction of the contemplated encroachment within 36 months of the date of approval by the Metropolitan Council will cause this license to terminate automatically. In the event the encroachment contemplated by this license is substantially destroyed, this license shall terminate unless fully restored by licensee within 36 months from the date of such destruction. In the event this license is revoked or terminated for any reason, licensee shall restore all public property to the condition obtaining at the time the license became effective at licensee's sole cost and expense.

DATE: 09/20/2022

JTB

(Owner of Property)

710 Demonbreun St

(Address of Property)

Nashville, TN 37203

(City and State)

Texas  
STATE OF ~~TENNESSEE~~

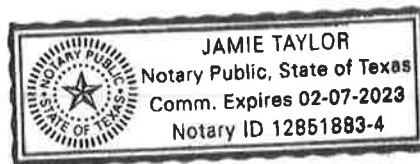
Dallas  
COUNTY OF ~~DAVIDSON~~

Sworn to and subscribed before

Me this 20<sup>th</sup> day of September, 2022

Jamie Taylor  
(NOTARY PUBLIC)

My Commission Expires: 02/07/2023



PETITION TO ENCROACH UPON A PUBLIC RIGHT-OF-WAY

PETITION NO. \_\_\_\_\_

We, the undersigned, do hereby petition the METROPOLITAN DEPARTMENT OF PUBLIC WORKS and the METROPOLITAN PLANNING COMMISSION to recommend to the METROPOLITAN COUNCIL and MAYOR that legislation be enacted to authorize the construction, installation and maintenance of an encroachment upon the public right-of-way as follows:

A sign mounted to the building above the sidewalk along Demonbreun St, lights and associated  
conduits located in the tree wells, and a channel drain located along 7th Ave that runs under the  
sidewalk.

Addresses and Map and Parcel numbers of property or properties associated with the proposed encroachment:

ADDRESS

MAP AND PARCEL NUMBER

710 Demonbreun St

09310048400

Attach the following in support or explanation of this application:

\_\_\_\_\_ A check for the filing fee of \$250.00 made payable to the Metropolitan Government (**application fee is non-refundable**).

\_\_\_\_\_ A scaled drawing on 8 1/2 " x 14" paper of the proposed encroachment. (Additional exhibits may be required depending upon the nature of the request).

\_\_\_\_\_ A private encroachment license agreement signed by the person to whom the encroachment privilege is to be granted.

\_\_\_\_\_ A certificate of liability insurance in the amount to be determined necessary by the Department of Public Works.

Signature and mailing address of person or business to whom privilege of encroachment will be granted:

Signature:  Address: 710 Demonbreun St  
Nashville, TN 37203

Council District: \_\_\_\_\_

**PERSON FILING THIS PETITION:**

If other than owner or optionee of properties listed above, state relationship. All correspondence will be mailed to this person.

Name: Jeremy Westmoreland, P.E.  
Address: 2305 Kline Ave.

City, State, Zip: Nashville, TN 37211

Phone: Residence 615-347-5522

Business 615-248-9999

**NOTE: THIS APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN FULL.**



# Metropolitan Government Department of Public Works

750 South 5<sup>th</sup> Street ∪ Nashville, TN 37206 ∪ (615) 862-8750 ∪ www.nashville.gov/public-works

## Mandatory Referral Application:

*Encroachment: Sign / Awning / Fiber Optic Cable / Other*

\*\*\* Before filing this application, please review checklist on the back of this application. \*\*\*

### Encroachment Type:

- π Awning  
π Fiber Optic Cable (▲ ground)  
π Fiber Optic Cable (▼ ground)  
π Sign  
π Other flush ground lights, and channel drain

Date Submitted: \_\_\_\_\_

Mandatory Referral Project No. \_\_\_\_\_  
(MPW staff assigns project #)

Map & Parcel(s): 09310048400

Street Address(es): 710 Demonbreun

### Notarized Signature of Property Owner(s):

You must obtain the *notarized* signature of all property owners on whose property the sign or awning will occur. Failure to provide this information will deem your application **incomplete** and postpone your application's consideration by the Metropolitan Planning Commission. Copy form below for additional signatures.

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Government Department of Public Works for a sign, awning or fiber optic cable encroachment.

Date: 09/20/2022  
(Company Name)

7th Avenue Nashville Hotel Owner, LLC

[Signature]  
(Signature of Property Owner)

Joseph F. Pitchford  
(Name of Property Owner)

Managing Director  
(Title of Property Owner)

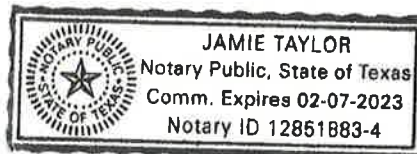
710 Demonbreun

Nashville, TN 37203  
(Address of Property (including city & state))

STATE OF ~~TEXAS~~ Texas  
COUNTY OF ~~DAVIDSON~~ Dallas  
Sworn to and subscribed before  
Me this 20 day of Sept, 2022

[Signature]  
(Notary Public)

My Commission Expires: 02/07/2023



**Applicant:** All correspondence will be mailed to the applicant.

π Architect π Engineer π Property Owner π Other: \_\_\_\_\_

Name: Jeremy Westmoreland

Business: CSDG

Address: 2305 Kline Ave, Nashville, TN 37211

**Filing Fee** (All application fees are non-refundable)

Encroachment: Sign / Awning / Fiber Optic Cable \$250.00  
Other

# Mandatory Referral

## 4 Checklist

ρ **Mandatory Referral Application**

If any electrical vaults are located below proposed sign, awning or fiber optic cable, special design standards may be required. Contact NES 615-747-3964 for more information on electrical vault locations.

**DO NOT INSTALL** anything that would encroach over Metro right-of-way until your application is approved by Metro Council. If you do, you could have to wait six months before your application is considered by Metro Council. For more information, see Council Bill BL2000-444 available at: [https://www.nashville.gov/mc/ordinances/term\\_1999\\_2003/bl2000\\_444.htm](https://www.nashville.gov/mc/ordinances/term_1999_2003/bl2000_444.htm) or call the Metro Clerk for a copy of the bill at 862-6770.

ρ **Filing Fee \$250 (All application fees are non-refundable)**

Cash or check. If check, make payable to "Metropolitan Government". Credit cards not accepted.

ρ **Property Map**

Show location of property and surrounding streets (use "Maps" on the MPC web to create property map)

ρ **Notarized Signature of Property Owner(s)**

You must obtain the *notarized* signature of all property owners whose property the sign or awning will occur. Failure to provide this information will deem your application **incomplete** and postpone your application's consideration by the Metropolitan Planning Commission.

ρ **License Agreement for Private Encroachment into Public Right-of-Way**

Obtain copy from MPW web site, MPW Right-Of-Way Permits' Office at (615-862-8782).

ρ **Franchise License**

*If fiber optic cable company*, prior to submitting a fiber optic cable encroachment, you must contact the Metro Department of Law at 615-862-6341 for determination of whether franchise license is required.

ρ **Certificate of Liability Insurance**

Certificate must identify Metro Government of Nashville & Davidson County as Certificate Holder.

ρ **Right-of-Way Notice**

While not a requirement of your application, please be aware that no construction work may be undertaken in any street, road, alley or right-of-way or of any utility or temporary construction easement of the metropolitan government or other government entity by any department of the metropolitan government or any other entity unless adequate notice has been given to the abutting fee owner of a street, road, alley, or right-of-way or fee owner of the easement, and to the district member of council representing the area of such construction work. For more information, see Metro Code 13.20 available at:

[https://library.municode.com/tn/metro\\_government\\_of\\_nashville\\_and\\_davidson\\_county/codes/code\\_of\\_ordinance\\_s?nodeId=CD\\_TIT13STSIUPL\\_DIVIGERE\\_CH13.20EXOB](https://library.municode.com/tn/metro_government_of_nashville_and_davidson_county/codes/code_of_ordinance_s?nodeId=CD_TIT13STSIUPL_DIVIGERE_CH13.20EXOB) or call the Metro Clerk for a copy of the bill at 862-6770, or call the Public Works Department Permits' Office at 615-862-8782.

ρ **Drawings** should identify the following:

**Signs / Awnings**

- Width and length of sign/awning
- Vertical height of awning
- Horizontal distance sign/awning projects over public right-of-way
- Vertical distance sign/awning will be installed above public right-of-way
- Horizontal distance between door awning and street curb (Note: Door awnings must be setback 18" from street curb)
- Location of every sign, window awning or door awning to be installed on building (photograph is helpful)
- Method of attachment / anchoring to building or sidewalk

**Fiber Optic Cable**



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2023

DATE (MM/DD/YYYY)

9/16/2022

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|                                                                                                                   |                                                           |                        |               |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------|---------------|
| <b>PRODUCER</b> Lockton Companies<br>1185 Avenue of the Americas, Suite 2010<br>New York NY 10036<br>646-572-7300 | <b>CONTACT NAME:</b>                                      | <b>FAX (A/C, No):</b>  |               |
|                                                                                                                   | <b>PHONE (A/C, No, Ext):</b>                              | <b>E-MAIL ADDRESS:</b> |               |
| <b>INSURED</b> 1389244 Starwood Capital Group Holdings, L.P.<br>591 West Putnam Ave<br>Greenwich CT 06830         | <b>INSURER(S) AFFORDING COVERAGE</b>                      |                        | <b>NAIC #</b> |
|                                                                                                                   | <b>INSURER A:</b> Endurance Assurance Corporation         |                        | 11551         |
|                                                                                                                   | <b>INSURER B:</b>                                         |                        |               |
|                                                                                                                   | <b>INSURER C:</b> Allied World National Assurance Company |                        | 10690         |
|                                                                                                                   | <b>INSURER D:</b> Sompo America Insurance Company         |                        | 11126         |
|                                                                                                                   | <b>INSURER E:</b>                                         |                        |               |
| <b>INSURER F:</b>                                                                                                 |                                                           |                        |               |

**COVERAGES** **CERTIFICATE NUMBER:** 18900515 **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                                                                                                                                                                                                                                              |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------|----------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> No Ded/SIR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y                                            | Y        | GGR10012792504 | 4/1/2022                | 4/1/2023                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000<br>MED EXP (Any one person) \$ Excluded<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>\$ |
| D        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                               | Y                                            | Y        | GAR30017985100 | 4/1/2022                | 4/1/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX                                                 |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                     | Y                                            | Y        | 0307-1507      | 4/1/2022                | 4/1/2023                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$ XXXXXXXX                                                                                                                                                                             |
| D        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                       | Y/N<br><input checked="" type="checkbox"/> N | N/A      | WCDS1009J0     | 4/1/2022                | 4/1/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

Metropolitan Government of Nashville and Davidson County are included as Additional Insured with respects to the General Liability, Automobile Liability and Umbrella Liability policies as required by written contract. Waiver of Subrogation applies in favor of the Additional Insured under the General Liability, Automobile Liability, and Umbrella Liability policies as required by written contract. 30 days notice of cancellation applies except for 10 days non payment of premium. Terrorism is included on the General Liability and Umbrella Liability. Umbrella is follow form.

## CERTIFICATE HOLDER

18900515

The Metropolitan Government of Nashville  
and Davidson County  
Metro Legal & Claims  
C/O Insurance and Safety Division  
222 3rd Avenue North, Ste #501  
Nashville TN 37201

## CANCELLATION

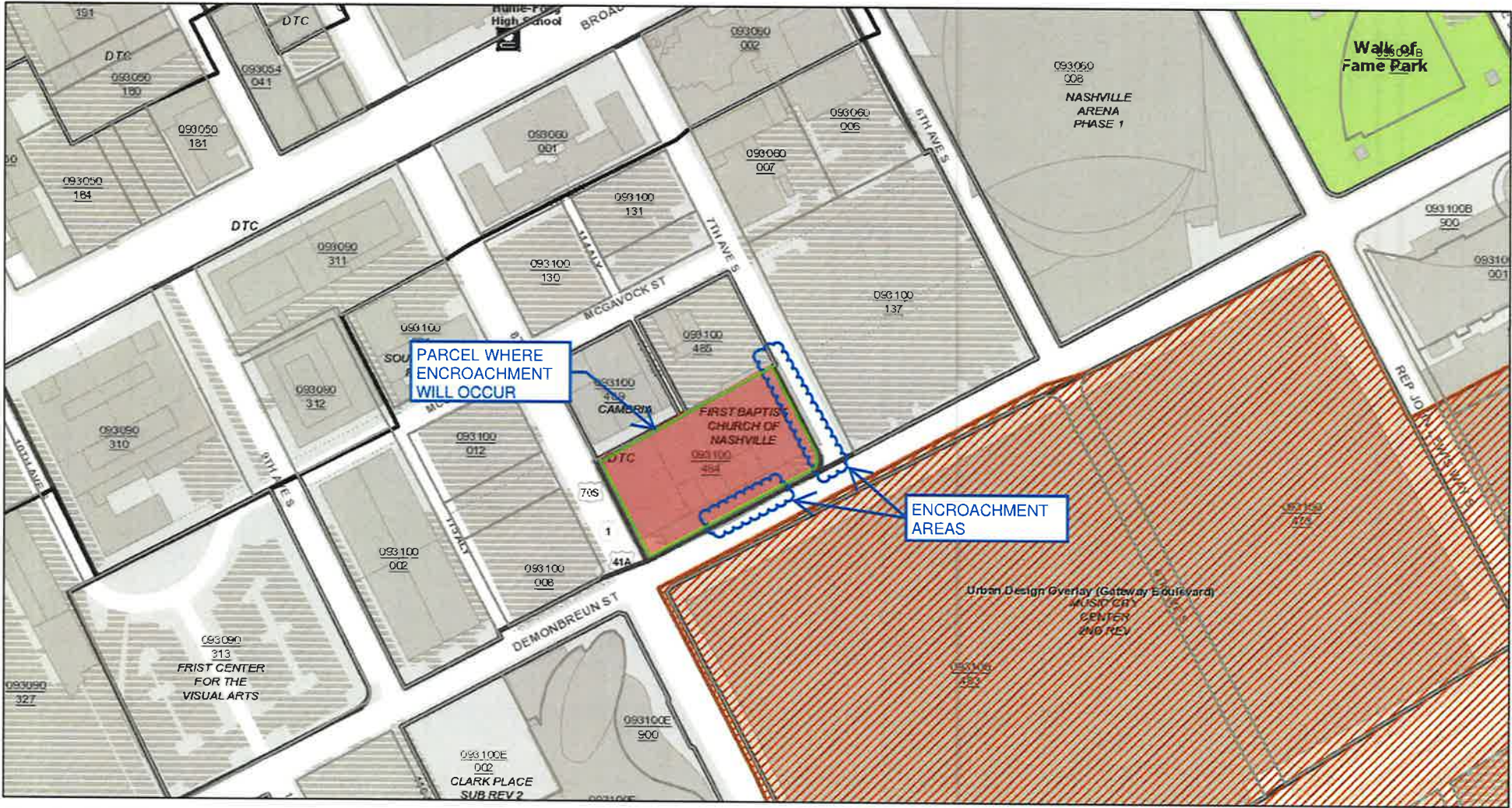
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE






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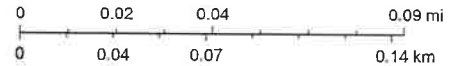
# Nashville / Davidson County Parcel Viewer



September 23, 2022

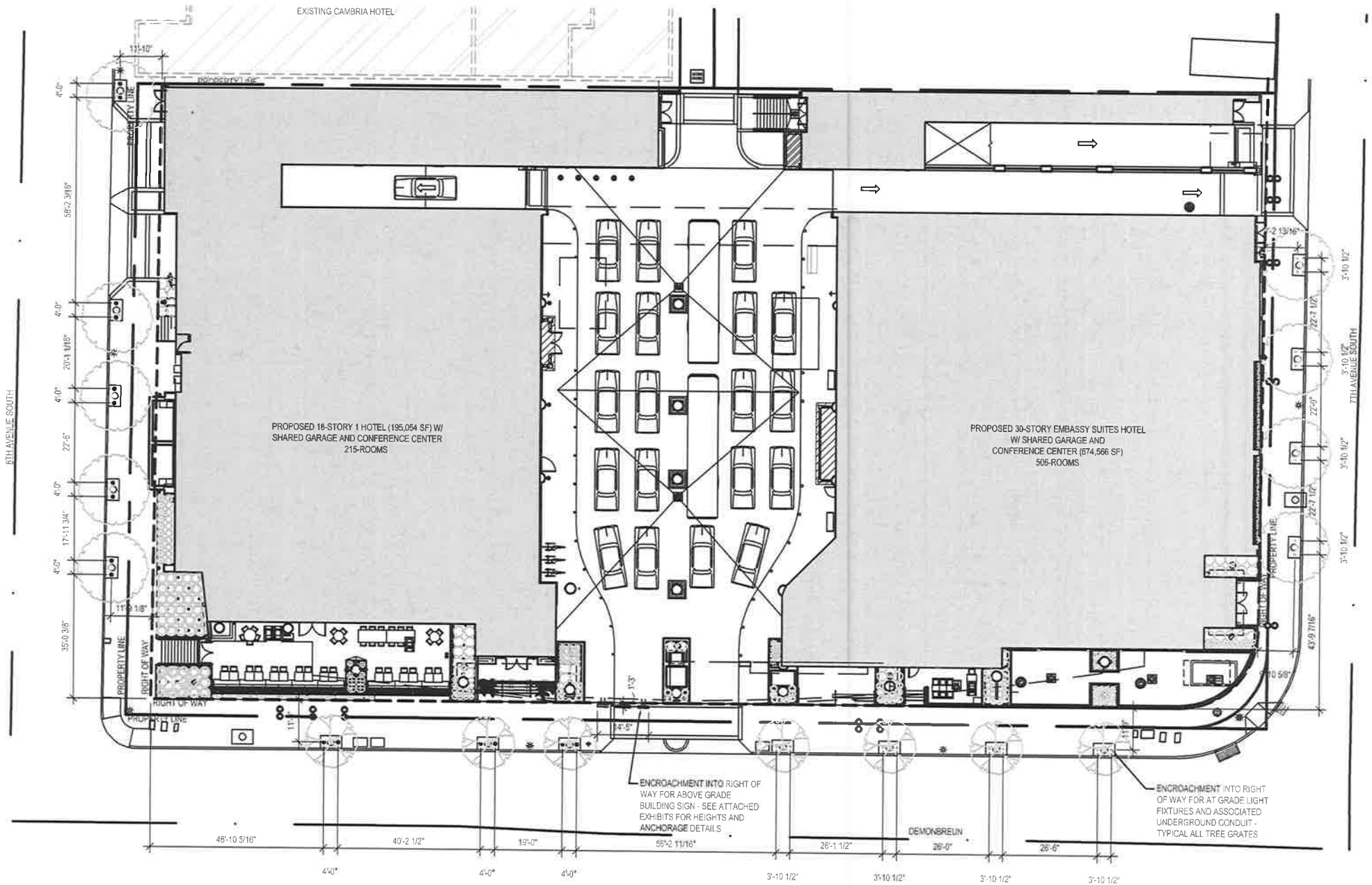
-  Override 1
-  graphicsLayer2
-  Zoning
-  Urban Design Overlay
-  Planned Unit Development

1:2,257



Metro GIS

Made by: Metro GIS

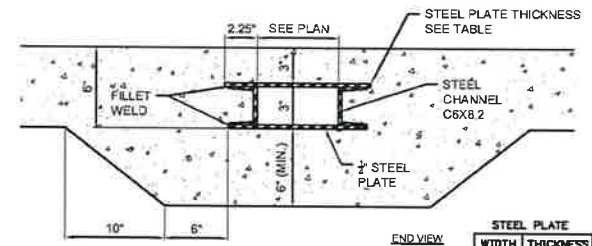
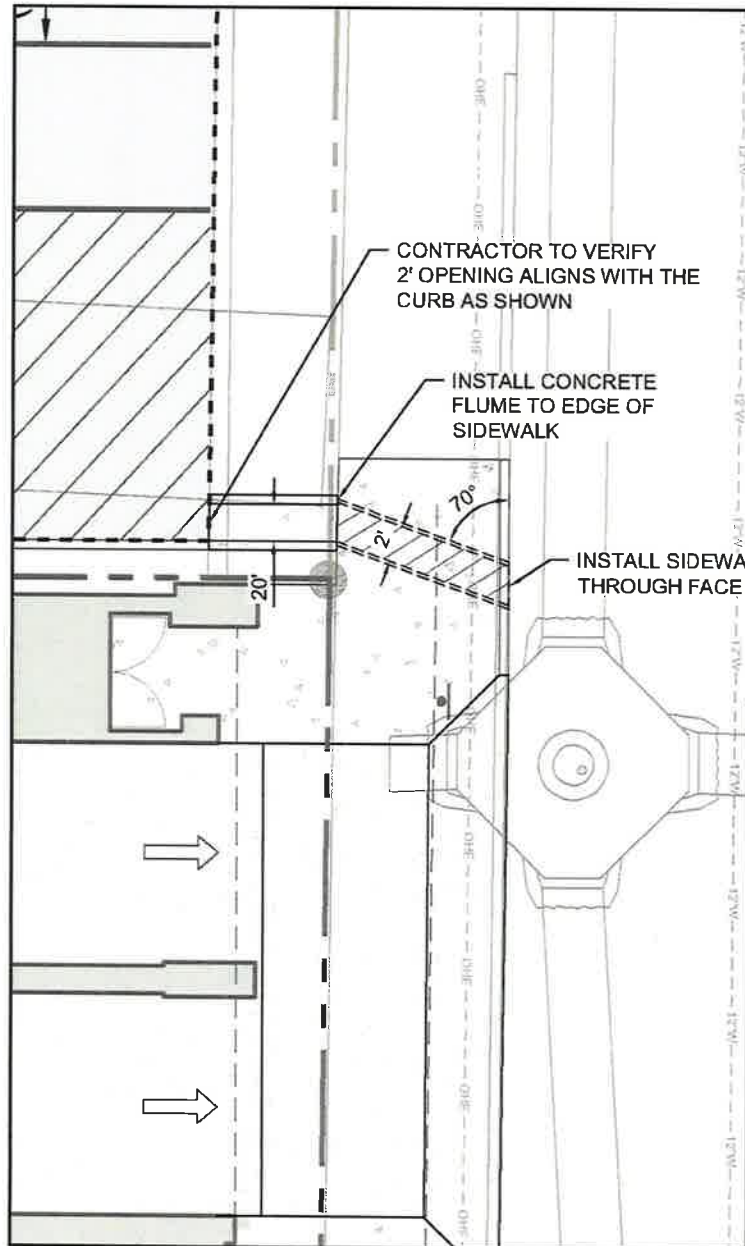


# **A** ENCROACHMENT EXHIBIT ARCHITECTURAL SITE PLAN

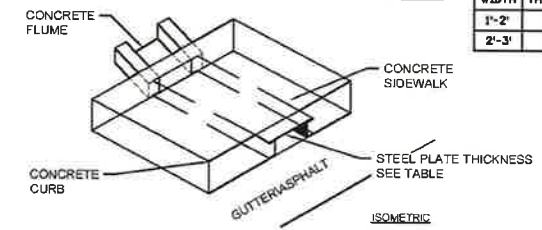




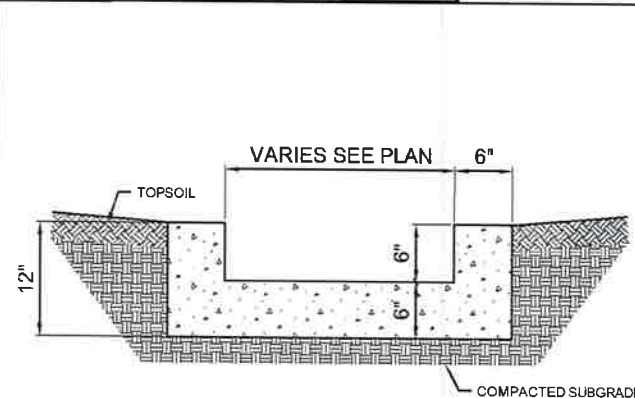
# 7th AVENUE SOUTH



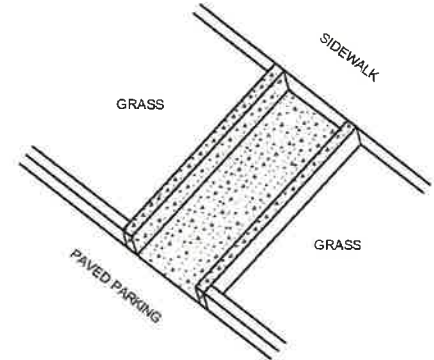
| STEEL PLATE |           |
|-------------|-----------|
| WIDTH       | THICKNESS |
| 1'-2'       | 1/4"      |
| 2'-3'       | 1/2"      |



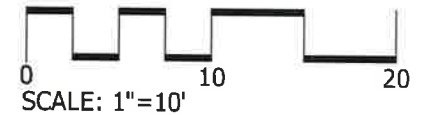
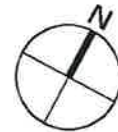
**SIDEWALK DRAIN**  
N.T.S.



**CONCRETE FLUME**  
N.T.S.



USE 3500 P.S.I. CONCRETE  
PROVIDE EXPANSION JOINTS @ 100' CENTERS





### Graphic Elevation



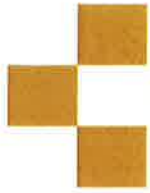
## Simulation



| #  | Description                                 | Des. | Date       |
|----|---------------------------------------------|------|------------|
| 01 | adjusted to Black Magic color , added stamp | ND   | 2020-10-26 |
| 02 | for permit stamp                            | ND   | 2020-12-18 |
| 03 | modified with doc tech for permit           | ND   | 2021-07-07 |
| 04 |                                             |      |            |
| 05 |                                             |      |            |







# BLUM CONSULTING ENGINEERS

8144 Walnut Hill Lane, Suite 200  
Dallas, Texas 75231  
www.blumeng.com  
(214) 373-8222

File No.

121

## Shop Drawing Transmittal

To: Nate Hinson

Architect: LK Architecture, Inc.

Address: 345 Riverview, Suite 200  
Wichita, KS 67203

Contractor: Yates

Project: Embassy Suites & Curio Hotels

Date: 12/3/2019

### SHOP DRAWING / SUBMITTAL REVIEW

☐ APPROVED  
REVISE AND RESUBMIT

☒ APPROVE WITH CHANGES NOTED  
REJECTED

SUBMITTAL WAS REVIEWED FOR DESIGN CONFORMITY AND GENERAL CONFORMANCE TO CONTRACT DOCUMENTS ONLY. THE CONTRACTOR IS RESPONSIBLE FOR CONFIRMING AND CORRELATING DIMENSIONS AT JOBSITE FOR TOLERANCE, CLEARANCE, QUANTITIES, FABRICATION PROCESSES AND TECHNIQUES OF CONSTRUCTION, COORDINATION OF HIS WORK WITH OTHER TRADES AND FULL COMPLIANCE WITH CONTRACT DOCUMENTS.

BY: Madeline Warner DATE: 12/4/2019

LIGHTING ELYSIUM, LLC.  
800.574.1802

### Material

265101-05 - Ingrade Light Fixture Submittal

- |                                                        |                                                 |
|--------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> No Exception Taken | <input type="checkbox"/> Make Corrections Noted |
| <input type="checkbox"/> Submit Specified Items        | <input type="checkbox"/> Revise and Resubmit    |

### Transmittal Comments

No Exceptions Taken.

Reviewed for voltage compliance only. Coordinate dimming interface/wiring with Lutron. Final approval by architect and lighting designer.

Copies To: Dan Swanson

Chris Rosol, P.E.

Nathan Johannes, P.E.

By: Lee Paslay

# TARGETTI

## KEPLERO MINI Z

### Professional Inground LED Fixture



**BLUM CONSULTING ENGINEERS**  
 20100 W. 17th St. Suite 100  
 Costa Mesa, CA 92627  
 Phone: (714) 513-1991  
 Email: info@blumce.com

|                        |                          |
|------------------------|--------------------------|
| No Exceptions Taken    | X Make Corrections Noted |
| Submit Specified Items | Revise and Resubmit      |

CHECKING IS ONLY FOR GENERAL COMPLIANCE WITH THE DESIGN CONCEPT OF THE PROJECT AND GENERAL COMPLIANCE WITH THE INFORMATION GIVEN IN THE CONTRACT DOCUMENTS. ANY ADDITIONAL WORK IS SUBJECT TO THE REQUIREMENTS OF THE PLAN AND SPECIFICATIONS. CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

By: Lee Paslay  
Date: 12/3/2019

# XUP3

265101-05

SUBMITTAL NO. \_\_\_\_\_

The submittal documents have been reviewed for general compliance with the contract drawings and specifications and for coordination purposes only. Final dimensions and quantities required for the project remain the responsibility of the subcontractor/vendor. Subcontractor/vendor remains fully responsible for strict compliance with the plans, specifications and contract documents. Additionally any changes from the contract document must be clearly identified as such and specifically acknowledged by the Architect/Engineer.

Architect/Engineer: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Reviewed as Noted: \_\_\_\_\_

Revise and Resubmit: \_\_\_\_\_

Rejected: \_\_\_\_\_

W.S. Yates & Sons Construction Company

By: **JS** Date: **11/27/19**

**Concept:** Professional single LED COB fully adjustable landscape inground fixture. As landscaping matures and changes, shape and size zoom optics can be adjusted in beam spread and direction to adjust with the changing landscape.

**Housing:** 8" tall x 6.625" diameter die-cast aluminum housing.

**Materials:** Anodized and powder coated black die-cast aluminum heat sink body, PVC installation sleeve and stainless steel (AISI316L) trim ring with extra clear glass.

**Trim:** Ultra flat round or square decorative ring with beveled edge in brushed natural, bronze or black finishes. Features tamper-proof Torx screws. To be used no more than 1/2 mile from the sea shoreline. Optional marine grade cataphoresis and painting treatment available, recommended for use between 16ft – 1/2 mile from the sea shoreline; not to be in direct contact with salt for extended periods of time or used with corrosive agents. The stainless steel trim will need to be maintained and cleaned regularly to avoid mineral deposit.

**Optic:** Zoom optical system which slides and locks on vertical axis according to four different positions to provide four different beam apertures; 15°, 32°, 53° and 63° beam spreads. Light beam can be tilted 20° on the vertical plane and rotated 350° on the horizontal plane with integral locking system.

**Mounting:** Flush and semi-flush installation sleeves or optional raised installation tube for landscape. Fixture includes screw down holes and stainless steel screws for attachment to installation sleeve. Includes optional stainless steel L brackets for mounting support. Installation sleeve required for flush or semi-flush mounting.

**Driver:** Integrated universal voltage IP68 electronic driver complete with watertight IP68 connector cable (0-10V dimming available)

**Installation:** Fixture flush mount installation includes 8" tall x 6.625" diameter sleeve, extension pipe for wire slack and accessibility. Fixture is provided with 6ft IP68 connector cable, direct burial brass ingrade jbox (required, sold separately).

**Wattage:** 15W

**Color Temperature:** 2700°K / 3000°K / 3500°K / 4000°K

**CRI:** Ra84 (2700°K, 3000°K, 4000°K) / Ra90 (3500°K)

**Lumen Maintenance (L70):** 50,000hrs

Calculation for LED fixtures are based on measurements that comply with IES LM-80.

**Voltage:** Universal Voltage 120-277V AC 50/60Hz

**IK Rating:** IK10

**IP Rating:** IP67\*, IP68 Tested\*\*

**Load Rating:** Resistant to static loads up to 20KN in flush mounted cement and pavement installations.

**Certifications:** cULus Wet Listed E477426

Tested in accordance with LM-79-08

\* Title 24 commercial installation compliant.



KEPLERO® Mini Zoom with Clear Lens

**QUICK SHIP** 1-2 weeks

T24, Marine, Other, IP68, IP67, cULus



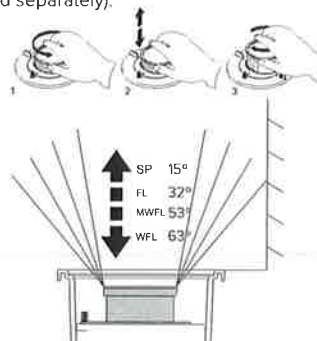
**Delivered Lumens:** **3000°K 4000°K**

Spot 15° = 576Lm 628Lm

Flood 32° = 750Lm 776Lm

Medium Wide Flood 53° = 1001Lm 968Lm

Wide Flood 63° = 1042Lm 1138Lm



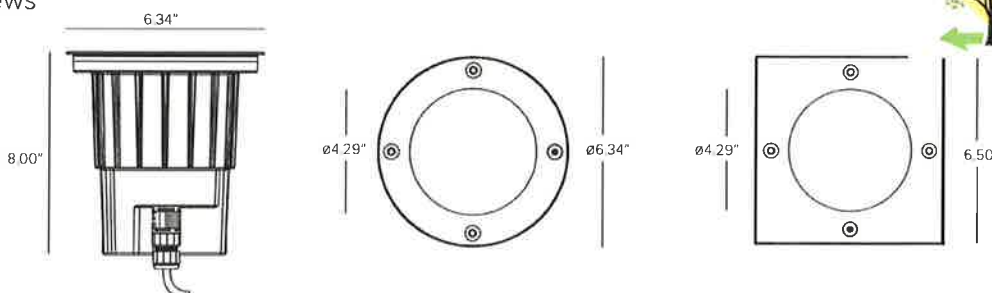
| PRODUCT CODE               | DRIVER                         | TYPE             | WATTAGE         | COLOR TEMP        | OPTIONAL TREATMENT               | TRIM & INSTALLATION |
|----------------------------|--------------------------------|------------------|-----------------|-------------------|----------------------------------|---------------------|
| <b>KPLM</b> - KEPLERO Mini | <b>ND</b> - Non-dimming driver | <b>ZM</b> - Zoom | <b>L2</b> - 15W | <b>27</b> - 2700K | <b>Blank</b> for no option       | Required (See Pg 2) |
|                            | <b>10</b> - 0-10V Dimming      |                  |                 | <b>30</b> - 3000K | <b>S</b> - Marine Grade Salt Air |                     |
|                            |                                |                  |                 | <b>35</b> - 3500K |                                  |                     |
|                            |                                |                  |                 | <b>40</b> - 4000K |                                  |                     |

**QUICK SHIP** 1-2 weeks

KPLMNDZML230-QS + 1E2525-QS + 1DU2521-QS + 1DU2530-QS

Lead time for quick ship fixtures is 1-2 weeks from processed PO date. Consult factory for quantities of over 20 fixtures to confirm lead time.

## Views



# TARGETTI

## KEPLERO MINI ZOOM

### TRIM RING (REQUIRED) - CHOOSE 1

|                        |                                                                                                                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1E2525</b>          | Round brushed natural stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws.  |
| <b>1DU2525B</b>        | Round brushed bronze stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws.   |
| <b>1DU2525K</b>        | Round Black stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws.            |
| <b>1E2526</b>          | Square brushed natural stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws. |
| <b>1DU2526B</b>        | Square brushed bronze stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws.  |
| <b>CONSULT FACTORY</b> | Square Black stainless steel (AISI316L) decorative ring. 10mm thick extra clear protective glass. Silicone gasket. Tamper proof (AISI316L) Torx screws.           |

### INSTALLATION SLEEVE (REQUIRED) - CHOOSE 1

|                  |                                                                                                                                                                                                                                                                                                     |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1DU2521</b>   | Installation sleeve for concrete pour applications. Grey Nylon 8" casing with 10" PVC installation outer pipe. Round ring for flush or semi-flush installations.                                                                                                                                    |
| <b>1DU2522</b>   | Installation sleeve for concrete pour applications. Grey Nylon 8" casing and stainless steel profile with 10" PVC installation outer pipe. Square ring for flush installation only. <b>For use with square trim options only.</b>                                                                   |
| <b>1DU434436</b> | Raised installation sleeve for landscape applications. 36"H black aluminum, includes 8" inner sleeve. <b>To be used with round trim options.</b> (Field cuttable. Used for fixture elevation 21" above ground). <b>Not suitable with 1DU2521 and 1DU2522.</b>                                       |
| <b>1DU434418</b> | Raised installation sleeve for ground cover (succulents and low level planting) applications. 18"H black aluminum, includes 8" inner sleeve. <b>To be used with round trim options.</b> (Field cuttable. Used for fixture elevation 7" above ground). <b>Not suitable with 1DU2521 and 1DU2522.</b> |
| <b>1DU434412</b> | At grade or raised installation sleeve for turf or ground cover applications. 12"H black aluminum, includes 8" inner sleeve. <b>To be used with round trim options.</b> (Field cuttable. Used for fixture elevations at grade to 3" above grade). <b>Not suitable with 1DU2521 and 1DU2522.</b>     |



Round Trim Ring

SELECTED BY LE

Square Trim Ring



1DU2521

1DU2522



1E2495



1E2524



1DU2530

### OPTICAL ACCESSORIES:

#### Maximum of one optical filter or louver accessory per fixture.

|               |                                                                                                                                                                               |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1T1712</b> | Chromatic filter Red. Glass made, with dichroic treatment. Diameter 2.8".                                                                                                     |
| <b>1T1713</b> | Chromatic filter Green. Glass made, with dichroic treatment. Diameter 2.8".                                                                                                   |
| <b>1T1714</b> | Chromatic filter Blue. Glass made, with dichroic treatment. Diameter 2.8".                                                                                                    |
| <b>1T1715</b> | Chromatic filter Yellow. Glass made, with dichroic treatment. Diameter 2.8".                                                                                                  |
| <b>1T1716</b> | Chromatic filter Magenta. Glass made, with dichroic treatment. Diameter 2.8".                                                                                                 |
| <b>1T1777</b> | Chromatic filter Cold tone. Interference glass filter to vary the colour temperature of light. Diameter 2.8".                                                                 |
| <b>1T1786</b> | Chromatic filter Gold tone. Interference glass filter to vary the colour temperature of light. Diameter 2.8".                                                                 |
| <b>1T1759</b> | Chromatic filter Peach tone. Interference glass filter to vary the colour temperature of light. Diameter 2.8".                                                                |
| <b>1T1708</b> | Parallel ribbed glass light blade filter. This makes the beam take on an oval shape and when combined with spotlights, the light blade appears more prominent. Diameter 2.8". |
| <b>1T1711</b> | Anti-glare grid. Black lacquered metal honeycomb structure. Diameter 2.8".                                                                                                    |
| <b>1E2523</b> | Half Moon Anti glare shutter. Black finish. <b>Can be used as one per fixture with a filter or louver, not considered as part of the maximum optical accessories.</b>         |

### INSTALLATION ACCESSORIES:

|                |                                                                                                                                                                                                                                                |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1DU2530</b> | Direct burial brass ingrade j-box. Features stainless steel cover screws and strain relief for power cord, (2) 3/4" NPT bottom holes and (2) 3/4" NPT side holes. Includes (4) 3/4" to 1/2" adaptors and (2) 1/2" NPT plugs. <b>(REQUIRED)</b> |
| <b>1E2495</b>  | Anti-vandal torx head. Suggested one per 5 fixture.                                                                                                                                                                                            |
| <b>1E2524</b>  | Fixture metal maintenance removal handle. Helpful one per 10 fixtures.                                                                                                                                                                         |
| <b>1E0388</b>  | Glass suction removal tool. Helpful one per 20 fixtures.                                                                                                                                                                                       |

Please select installation sleeve.



Chromatic Filters



Tonal Filters



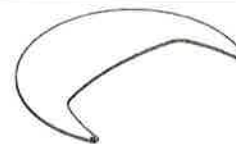
1T1708



1T1711



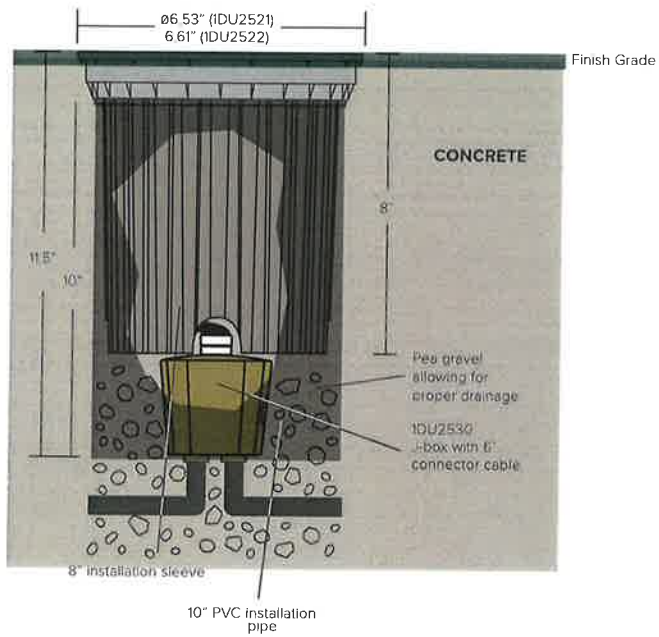
1E0388



1E2523

### INSTALLATION DIAGRAM - Concrete Pour Applications

**Flush Mount Sleeve Assembly**  
1DU2521 and 1DU2522 Sleeves



**Semi-Flush Mount Sleeve Assembly**  
1DU2521 Sleeve Only

