



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: Effective Date: Expiration Date: Non-Refundable Fee: \$40.00 Paid (yes or no): yes/157554362

Rev. 05-2024

Applicant Information: Name (print): Tom Klister, Company: Rise Apartments LLC, Address: 229 E Washington St, Telephone: 920-284-9094, E-mail: tklister@foreinvestmentgroup.com, Applicant Signature: [Signature], Date: 6/12/2024

Occupancy Information: General Description/Reason: Front door swings out onto public ROW (Sidewalk) since the property is zero lot line. Having an outswing door will be more safe in case of fire or other reason for rapid evacuation. Street Address: 113 W Harris St, Sidewalk/roadway obstruction requested [X] Y or [] N, Date(s) From: To: 35 days or < [] 35 days or > [X]

(Department use only) Occupancy Type: [X] Permanent - Obstruction (\$40), [] Temporary - Obstruction (\$40), [] Amenity/Annual (\$40), [] Blanket/Annual (\$250), [] Block Party (\$15). Sub-Type: [] Awning, [] Dumpster, [] Sign, [X] Obstruction / Other, [] POD / Container. Location: [] Sidewalk, [] Terrace, [X] Roadway.

Additional Requirements: [X] Plan/Sketch, [] Certificate of Insurance, [] Bond, Committee and Council Approval Date: [] Other: []

Traffic Control Requirements: [] N/A, [] Contact Traffic Division (920-832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure. Type of Street: [X] Arterial/CBD, [] Collector, [] Local. Proposed Traffic Control: [] City Manual Page(s), [] State Manual Page(s), [] Other (attach plan).

- This permit approval is subject to the following conditions: 1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy. 2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application. 3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION if conditions of the permit are not met. 4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the occupancy is permitted. 5. Dumpsters/PODs/Containers shall be located within 12" of face of curb. 6.

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street occupancies will be performed in conformity to City ordinances, standards and policies, be properly barricaded and lighted, and be performed in a safe manner.

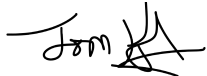
The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee or any sub-contractor working for them.

APPROVED BY: (Department of Public Works) DATE:

Dear Pete Neuberger and Dan Meisner,

This letter is to provide our word as a statement of good faith that we will work with the City to execute an Operations and Maintenance agreement with the City of Appleton in perpetuity for us as the owner to maintain the concrete stoops and the common joint between the stoops and adjacent City sidewalk per City standards.

Tom Klister
Member

A handwritten signature in black ink, appearing to read "Tom Klister". The signature is stylized with a large, sweeping initial "T" and "K".



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2024

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 M3 Insurance Solutions, Inc. 828 JOHN NOLEN DR MADISON WI 53713	CONTACT NAME: Mikayla Urban PHONE (A/C. No. Ext): 6083278896 E-MAIL ADDRESS: mikayla.urban@m3ins.com		FAX (A/C. No): 608-273-1725
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Rise Apartments, LLC 229 E Washington Street Appleton WI 54911	INSURER A : Auto-Owners Insurance Company	18988	
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 2053985731

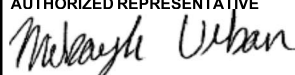
REVISION NUMBER:

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 INSD	SUBR 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		61522421	5/30/2024	5/30/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5452243500	5/30/2024	5/30/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Appleton is an Additional Insured with respect to General Liability when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Appleton 100 N Appleton St. Fl 5 Appleton WI 54911	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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Statement of Insurance Coverage

Insurance Coverage:

Insurance Carrier: **Auto Owners Insurance**
Insurance Agent Name and Phone Number: **Nate Troyer 608-288-2860**
Policy Number: **61522421**
Policy Period: **5/30/24 - 5/30/25**

Bond Coverage:

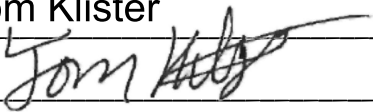
* Bond Carrier: _____
* Bond Agent Name and Phone Number: _____
* Bond Number: _____
* Bond Period: _____

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee or duly authorized representative of the entity obtaining this permit/license.

I have reviewed and understand the insurance and bonding requirements of the City of Appleton. I hereby certify that I, or the company I represent have insurance and a bond in the amounts required to obtain this permit/license. I have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance and bond carriers, the policy numbers and policy periods above.

Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify against any and all liability, loss, damage and expenses and costs including attorneys' fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right of way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Company Name: **MF Housing Partners**
Print Name: **Tom Klister**
Signature: 
Date: **6/15/2024**

* Bonds are required for the following types of work only:

- Plumbing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-265)
- Demolition of Buildings: \$5,000.00 Permit Bond (Code Section 4-188(a)(2))
- Sewer lateral sealing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-188(c))
- Moving of Buildings: \$5,000.00 Permit Bond (Code Section 4-207(5))
- Cement Finisher's License: \$5,000.00 License Bond (Municipal Code Section 9-33)
- Excavation or place facilities in the public right-of-way: \$5,000.00 Permit Bond (Code Section 16-110)

From: support@pointandpay.com
To: tklister@foreinvestmentgroup.com
Subject: Your Receipt
Date: Wednesday, June 12, 2024 9:28:08 PM

Greetings,

The City of Appleton thanks you for your payment. For questions about your account, please call 920-832-6474

Your payment ID is: 157554362

Items Paid For:

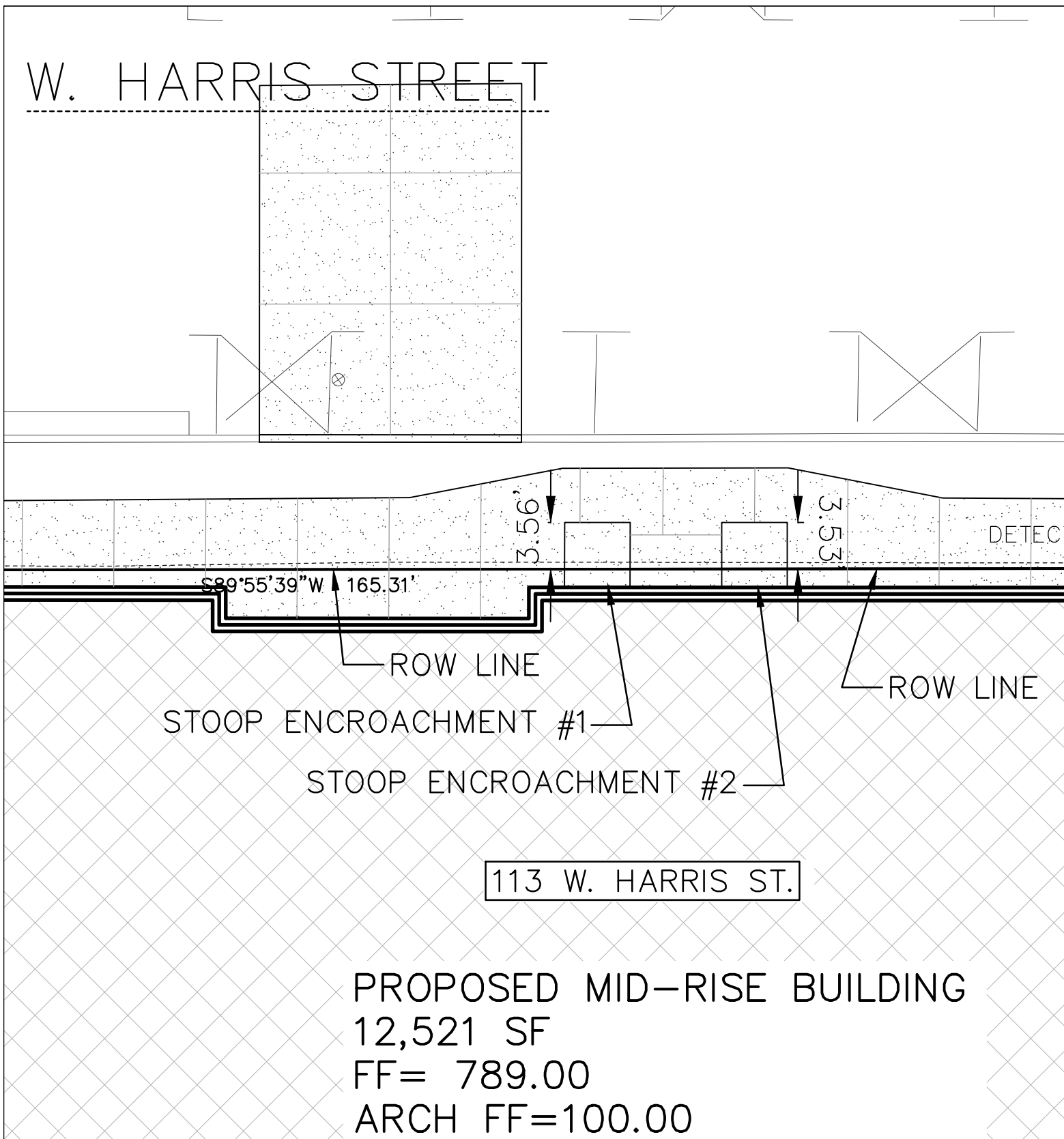
Description: Street Occupancy
Amount Paid: \$40.00
PermitDescription: Permanent - \$40
Project Address: 113 W Harris St
Customer Information:

First Name: Thomas
Last Name: Klister
Address Line 1: 229 E Washington St
Address Line 2:
City: Appleton
State: Wisconsin
Zip Code: 54911
Phone Number: 9202849094
Email Address: tklister@foreinvestmentgroup.com

Payment Information:

Subtotal: \$40.00
Fee Total: \$1.50
Total: \$41.50
Datetime: 06/12/2024 21:28:01

W. HARRIS STREET



STOOB ENCROACHMENT #1

STOOB ENCROACHMENT #2

113 W. HARRIS ST.

PROPOSED MID-RISE BUILDING
12,521 SF
FF= 789.00
ARCH FF=100.00

STOOB ENCROACHMENT EXHIBIT

