



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : _____
Effective Date: _____
Expiration Date: _____
Non-Refundable Fee: **\$40.00**
Paid (yes or no): yes/6852-0003

Rev. 05-2024

Applicant Information

Name (print): John C Greiner Company: Jack's Apple Pub
Address: 535 W College Ave Telephone: 920-585-6815
Appleton, WI 54911 E-mail: milkeyway9@aol.com
Applicant Signature: [Signature] Date: 5/14/2024

Occupancy Information

General Description/Reason: Brick Veneer and Awning
Street Address: 535 W College Ave Sidewalk/roadway obstruction requested Y or N
- or -
Multiple Streets: State St.
Date(s) From: TBD To: _____ 35 days or < 35 days or >
(Requires Committee and Council Approval)

Occupancy Type

- Permanent - Obstruction (\$40)
- Temporary - Obstruction (\$40)
- Amenity/Annual (\$40)
- Blanket/Annual (\$250)
- Block Party (\$15)

Sub-Type

- Awning
- Dumpster
- Sign
- Obstruction / Other
- POD / Container

Location

- Sidewalk
- Terrace
- Roadway

Additional Requirements

- Plan/Sketch
- Certificate of Insurance
- Bond
- Committee and Council Approval
- Other: plan by Appleton Awning Date: _____

Traffic Control Requirements

- Type of Street: _____ Proposed Traffic Control: N/A
- Arterial/CBD
 - Collector
 - Local
 - City Manual Page(s) _____
 - State Manual Page(s) _____
 - Other (attach plan) _____

Contact Traffic Division (920-832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.
Additional Requirements: _____

Approved by: _____ Date: _____

This permit approval is subject to the following conditions:

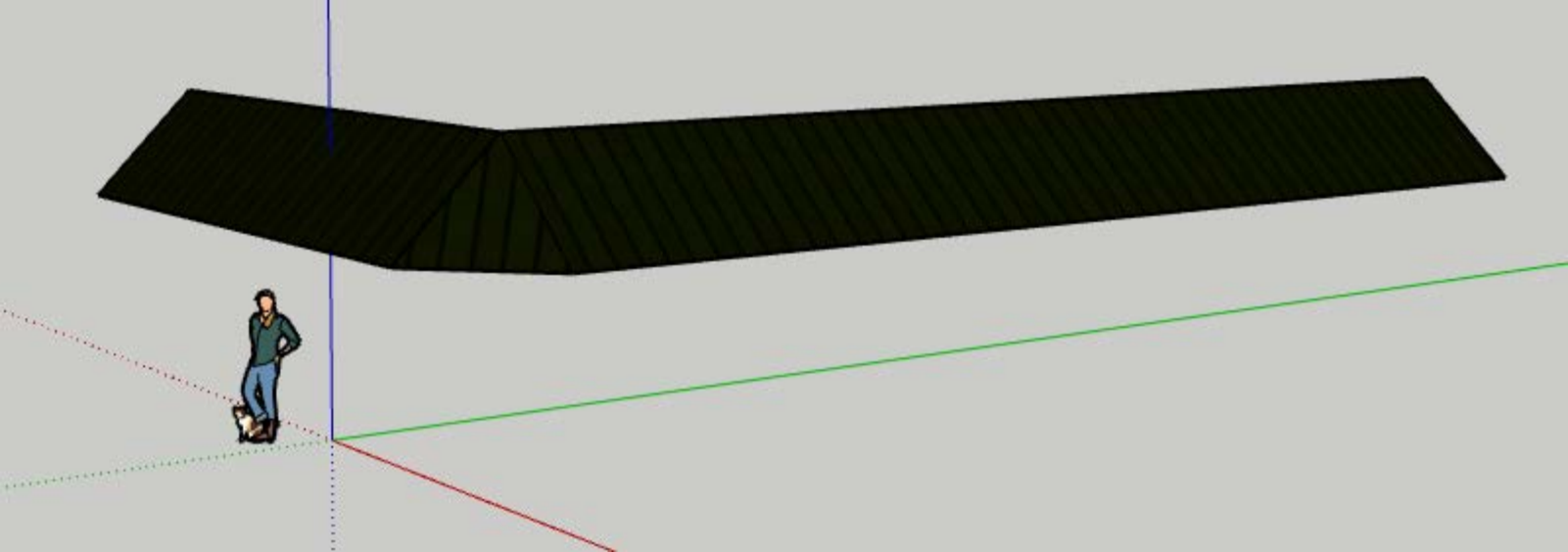
1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy.
2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL 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. By applying for and accepting this permit, the applicant assumes full liability and/or any costs incurred by the City for corrective work required to bring the subject area into compliance with said ordinances, standards, policies and permit conditions. No occupancy shall occur prior to approval of this permit by the Department of Public Works.

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. The Grantee shall assume complete and full liability and responsibility, in accordance with existing ordinances and policies, in the event of injury or damage to persons or property resulting from their facilities within the public right-of-way.

APPROVED BY: _____
(Department of Public Works)

DATE: _____



From: milkeyway9@aol.com
To: Diana A. Santiago
Subject: Fw: Dimensions and Representation of Awning
Date: Friday, May 17, 2024 8:10:44 AM
Attachments: [Rough Model of Standing Seam Metal Awning Design.PNG](#)

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

----- Forwarded Message -----

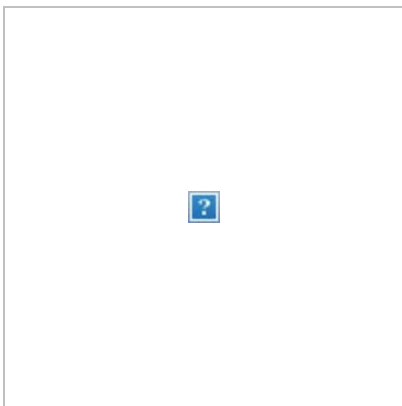
From: Vinson Buman <vinson@appletonawning.com>
To: "milkeyway9@aol.com" <milkeyway9@aol.com>
Sent: Thursday, May 16, 2024 at 03:33:41 PM CDT
Subject: Dimensions and Representation of Awning

Hi Jack,

Here is the information requested. See the picture attached for a reference on my idea of the awning. The bottom of the awning will need to be mounted a minimum of 10' off the ground per Appleton requirements. I will have to verify the height of the awning again since it was originally figured at mounting 9' off the ground when I met with your contractor. Currently we are looking at a 4' high x 4' out from the building. It may need to decrease to 3' high. I will have to verify on the building with what is mounted there on the side with power/ac lines. Length across the front was 23' 10" and the side was around 48'10" to cover the one window closest to the south of the door. Let me know if I can assist any further. Hopefully the City will allow what is proposed here! Have a good day!

Thank you,

Vinson Buman



*3052 W Elberg Ave
Appleton, Wisconsin 54914
Office: 920-733-4701
Direct: 920-560-3044
www.appletonawning.com*

***** CONFIDENTIALITY NOTICE *****

**This transmission may contain confidential information.
If you have received this transmission in error, please notify the sender immediately and**

College Ave

Block 53

Plywood barricades
4 feet tall.

Apple
Pub

State Street side
closed off first for
approx 2-3 weeks
then College Avenue
side for 2-3 weeks.

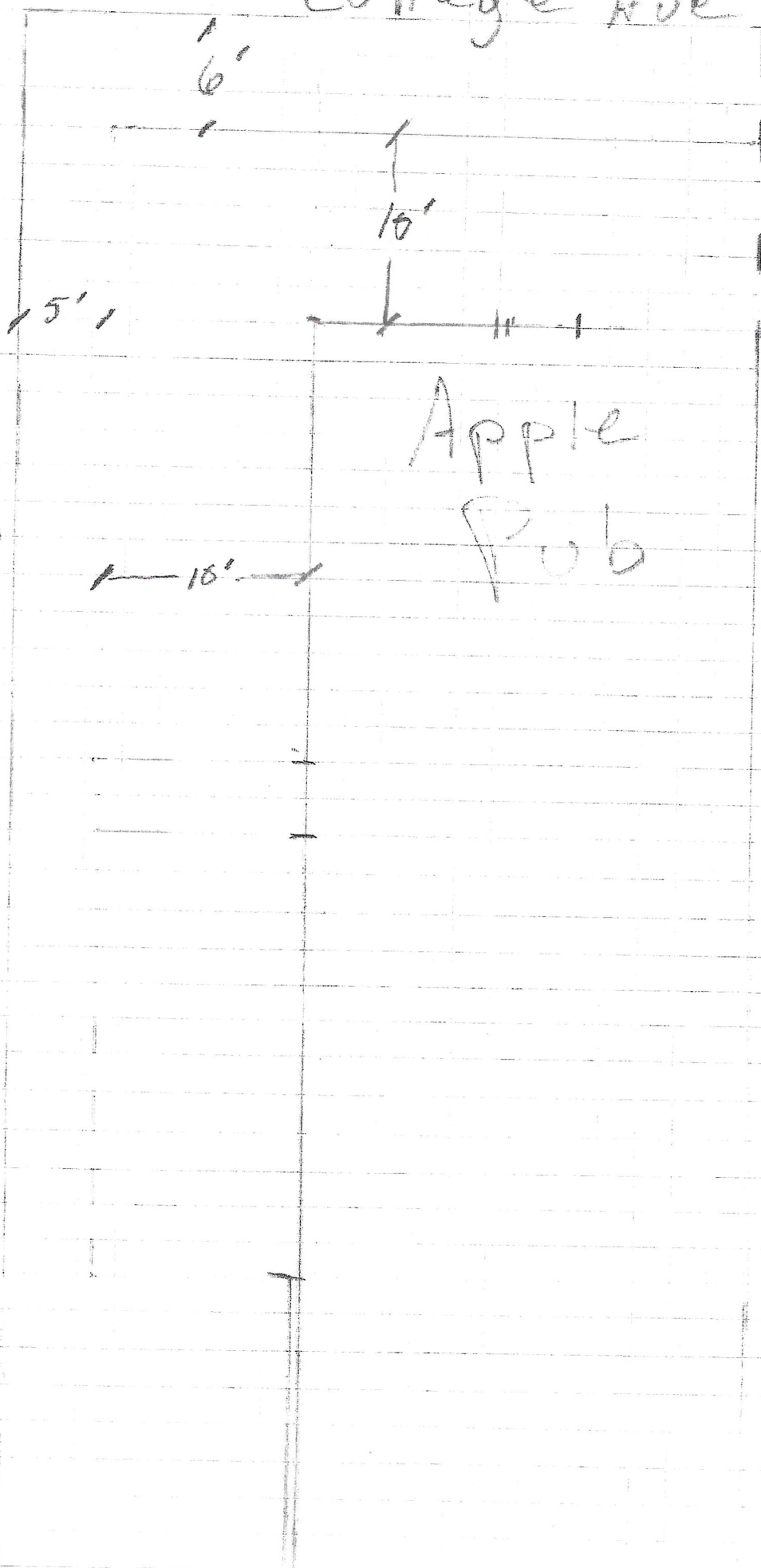
state st.

Mason Doctor
W2918 Schmidt Rd
Brillion, WI 54110

920-202-4021

masondoctor.repairs@gmail.com

Kevin Schuh





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2024

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 Monday & Associates, Inc 2500 N. Richmond Street Appleton, WI 54911	CONTACT NAME: Connor Mattson PHONE (A/C, No. Ext): (920)731-2018 E-MAIL ADDRESS: cmattson@mondayantassociates.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Jack's Apple Pub, LLC 2201 Badger Rd Kaukauna, WI 54130	INSURER A : Badger Mutual Insurance Company		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 00014228-28099

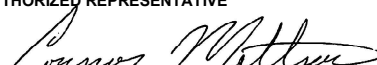
REVISION NUMBER: 3

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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		00765-61227	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			00765-61227	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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	00765-61227	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Workers Comp: Jack Greiner**CERTIFICATE HOLDER****CANCELLATION**

City of Appleton 100 North Appleton St 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  (CMA)

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