



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : _____
 Effective Date: _____
 Expiration Date: _____
 Fee: _____
 Paid (yes or no): _____

Rev. 04-10-15

Applicant Information

Name (print): Brian Kappen Company: Enviroforensics, LLC
 Address: N16W23390 Stone Ridge Dr. Waukesha, WI 53188 Telephone: 262-290-4001 FAX: 317-972-7875
 e-mail: bkappen@enviroforensics.com
 Applicant Signature: [Signature] Date: 10/18/2019

Occupancy Information

General Description: Installation of two (2) permanent groundwater monitoring wells. Well location and design approved by WDNR.
 Street Address: Approximately 815 N. Meade St. Tax Key No.: _____
 - or -
 Street: N. Meade St From: _____ To: _____
 Multiple Streets: _____

(Department use only)

Occupancy Type

- Permanent (\$40)
- Temporary - max. 35 days (\$40)
- Amenity/Annual (\$40)
- Blanket/Annual (\$250)
- Block Party (\$15)

Sub-Type

- Sandwich Board
- Tables / Chairs
- Dumpster
- POD / Container
- Obstruction / Other

Location

- Sidewalk
- Terrace
- Roadway

Additional Requirements

- Plan/Sketch
- Certificate of Insurance
- Bond
- Other : _____

Traffic Control Requirements

N/A

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

Contact Traffic Division (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:

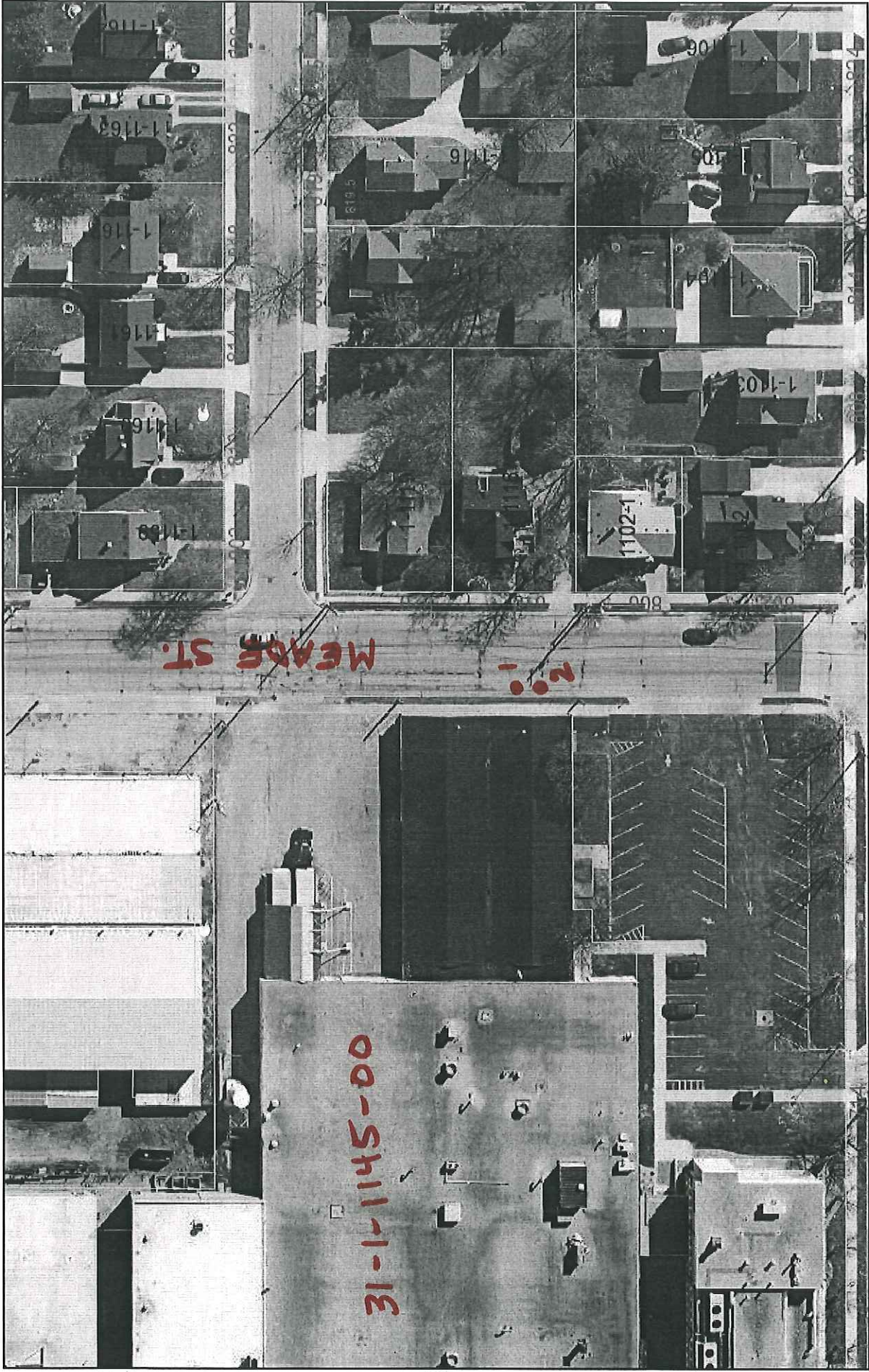
1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy.
2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL 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.
- 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: _____ DATE: _____
 (Department of Public Works)

ArcGIS Web Map



10/23/2019 12:39:31 PM

1:1,128

- City Parcels
- Easements





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2019

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 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 GCG Risk Management Consultants LLC Three Parkway North Suite 500 Deerfield IL 60015	CONTACT NAME: Amy Nelson	PHONE (A/C, No, Ext): (847) 457-3000	FAX (A/C, No): (847) 457-3100
	E-MAIL ADDRESS: amy.nelson@gcgfinancial.com		
INSURED EnviroForensics, LLC 825 N Capitol Ave Indianapolis IN 46204	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Homeland Insurance Company of New York		
	INSURER B: American Casualty Company		
	INSURER C: Continental Casualty Company		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL1962808787 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 checked="" type="checkbox"/> OCCUR	X		7930082260001	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X		6049642402	6/30/2019	6/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X		7930082270001	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	DED <input type="checkbox"/> RETENTION \$						
C	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 <input type="checkbox"/>	N/A	6049642433	6/30/2019	6/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Pollution Liab			7930082260001	6/30/2019	6/30/2020	Per Loss 1,000,000
A	Professional Liability			7930082260001	6/30/2019	6/30/2020	Per Loss 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Appleton, and its officers, council members, agents, employees and authorized volunteers are included as Additional Insured with respects to General Liability, Auto Liability, and Excess Liability.

CERTIFICATE HOLDER

CANCELLATION

City of Appleton 100 N 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 Steve Felker/ADR 

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