



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

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

Rev. 10-05-2023

Applicant Information

Name (print): Shawn Thiel Company: The Trout Museum of Art
Address: 111 W College Ave Telephone: 920-733-4089
Appleton, WI 54911 E-mail: sthiel@troutmuseumart.org
Applicant Signature: [Signature] Date: 5/10/2024

Occupancy Information

General Description: Permanent overhang over sidewalk at our new building.

Street Address: 325 E College Ave Appleton, WI 54911 Sidewalk/roadway obstruction requested Y or N

- OR -
Multiple Streets: _____

Date(s) From: _____ To: 35 days or < 35 days or >
(Requires Committee and Council Approval)

(Department use only)

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

- Sandwich Board
- Terrace
- Sidewalk
- Table / Chairs
- Roadway

Additional Requirements

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

Traffic Control Requirements

N/A

Type of Street: _____ Proposed Traffic Control: _____ 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:

- Arterial/CBD
- Collector
- Local
- City Manual Page(s)
- State Manual Page(s)
- Other (attach plan)

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)

Subject: Application for Permanent Right-of-Way Occupancy Permit

Dear Danielle,

I am writing to apply for a Permanent Right-of-Way Occupancy Permit for the purpose of constructing and maintaining a permanent overhang over the sidewalk at 325 E. College Ave. Appleton, WI 54911. The overhang is intended to enhance the aesthetic appeal and functionality of the building, providing shelter to pedestrians, and designate the entrance to the museum versus the university.

The new building construction is anticipated to last until June 2025. Upon completion, the overhang will be part of the new structure and permanently occupy a portion of the city's right-of-way above the sidewalk.

Attached to this application is a copy of the required Certificate of Insurance that the Trout Museum of Art currently holds, ensuring compliance with the standards required for a Permit to Occupy the Right of Way. During construction, the Boldt company holds insurance for the construction of the building. Once the new condo association is formed, this new entity will hold the insurance for the building. The insurance covers all potential liabilities associated with both the construction and the permanent existence of the overhang.

The fee of \$40.00 for this permit will be paid online and I will ensure that all necessary confirmations of payment are provided.

Thank you for considering this application. I am committed to adhering to all city guidelines and ensuring a smooth and compliant construction process. Please feel free to contact me at sthial@troutmuseumart.org should you need further information or wish to discuss this application in more detail.

Sincerely,
Shawn Thiel

She/Her/Hers
920.733.4089
111 W College Ave. Appleton, WI 54911

Statement of Insurance Coverage

Insurance Coverage:

Insurance Carrier: **Secura Insurance**

Insurance Agent Name and Phone Number: **Brian Reimer 920-858-5211**

Policy Number: **CP3372842**

Policy Period: **9/3/23 - 9/3/24**

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: **THE TROUT MUSEUM OF ART**

Print Name: **Shawn Thiel**

Signature: **Shawn Thiel**

Date: **5/7/2024**

** 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(d)(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)*



Step 1: Select Payments Step 2: Review and Submit Step 3: Confirmation and Receipt

Step 3: Confirmation and Receipt

Result: Payment Authorized

Confirmation Number: 155980929

Your payment has been authorized successfully and payment will be processed.

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

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Description	Amount
Public Works Fees payment of \$40.00	\$40.00
Subtotal:	\$40.00
Convenience Fee:	\$1.50
Total Payment:	\$41.50

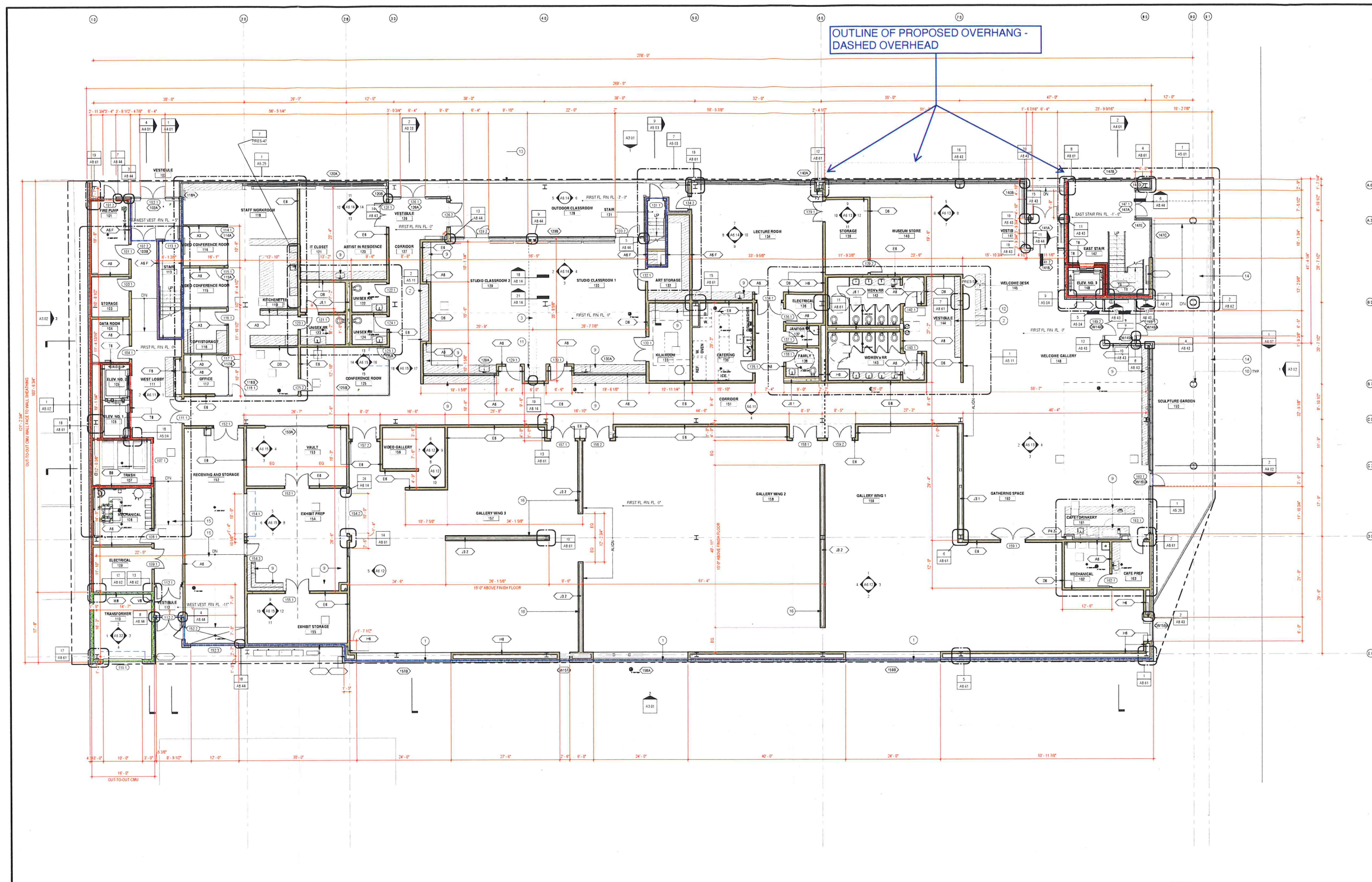
Customer Information

First Name: Shawn
 Last Name: Thiel
 Address Line 1: 111 W. College Ave
 Address Line 2:
 City: Appleton
 State: Wisconsin
 Zip Code: 54911
 Phone Number: 9207334089
 Email Address: sthiel@troutmuseumart.org

Payment Information

Payment Date: 05/10/2024
 Card Type: Visa
 Card Number: *****3311

Print



OUTLINE OF PROPOSED OVERHANG - DASHED OVERHEAD

1 OVERALL FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0"

GENERAL NOTES		GENERAL FF&E NOTES		FLOOR PLAN LEGEND		KEYED NOTES - CONSTRUCTION:	
A. ALL PARTITION TYPES ARE "A" UNLESS OTHERWISE NOTED. ALL ROOMS LABELED AS CORRIDOR ARE TO HAVE WALL TYPE "AS" UNLESS OTHERWISE NOTED. REFER TO WALL TYPES SHEET FOR INTERIOR PARTITIONS.	M. PENETRATIONS IN FIRE-RATED PARTITIONS FOR CONDUIT, PIPING, CABLE TRAYS, DUCTWORK, ETC. FORMING OPENINGS SHALL BE FIRE-SAFED WITH APPROPRIATE "UL" LISTED ASSEMBLY.	A. FURNITURE SHOWN HALF TOGETHER IS FOR REFERENCE AND INTENDED FOR EQUIPMENT, ELECTRICAL AND DATA COORDINATION ONLY.	A. BUILT-IN CASEWORK. SEE ENLARGED PLANS & EXTERIOR ELEVATIONS.	1. 1-HOUR FIRE BARRIER	1. GLEFFESTORY WINDOW ABOVE. REFER TO STOREFRONT SCHEDULE.	15. EXTERIOR, PRE-FABRICATED DECK.	
B. REFER TO WALL ASSEMBLY SHEETS FOR EXTERIOR WALL TYPES, FLOOR TYPES, AND ROOF TYPES.	N. ALL CASEWORK ROUGH-IN DIMENSIONS SHALL BE FIELD VERIFIED PRIOR TO LAIT FABRICATION.	B. ALL CASEROOMS AND CONFERENCE ROOMS TO ACCOUNT FOR MARKER BOARDS OR MOUNTING OF TWO ELEVATIONS.	2. 1-HOUR FIRE BARRIER	2. BUILT-IN LOCKERS.	2. ROOF ACCESS LADDER.	16. GALLERY WALLS AT 15'-0" ABOVE FINISH FLOOR.	
C. REFER TO "L" SERIES FOR WALL RATING DESIGNATION. ALL FIRE AND SMOKE PARTITIONS SHALL BE TIGHTLY SEALED TO THE UNDERSIDE OF DECK ABOVE.	O. DIMENSIONS IN ROOMS WITH TILT WALL FINISHES ARE TO FACE OF <u>STUD WALL FINISH</u> ; OTHERWISE, TYPICAL, UNLESS OTHERWISE NOTED.	C. REFER TO FINISH PLANS FOR TYPICAL LOCATIONS FOR MARKER BOARDS.	3. 3-HOUR FIRE BARRIER	3. BUILT-IN CASEWORK.	3. HVAC EQUIPMENT. REFER TO MECHANICAL PLANS.	17. CONCRETE ROOF FRIERS (2'-0" x 2'-0").	
D. REFER TO FINISH PLANS FOR ROOM FINISH SCHEDULES, NOTES, AND FINISH LEGENDS.	P. ALIGN CENTERLINE OF PARTITIONS WITH CENTER OF WINDOW MULLIONS UNLESS OTHERWISE NOTED.			4. MAIN AND OVERFLOW ROOF DRAINS.	4. HVAC UNIT. REFER TO MECHANICAL PLANS. PROVIDE INSULATED CURB PER ROOFTOP UNIT REQUIREMENTS. PROVIDE ROOF CRACKETS AS REQUIRED TO MAINTAIN POSITIVE DRAINAGE OF ROOFING SYSTEM.		
E. REFER TO ENLARGED PLANS FOR FURTHER DIMENSIONAL INFORMATION.	Q. ALL WALLS TO BE LEVEL 4 FINISH UNLESS OTHERWISE NOTED.			5. OPERABLE PARTITION.	5. MECHANICAL EQUIPMENT SCREENING.		
F. ALL WINDOWS TO RECEIVE HORIZONTAL WINDOW BLINDS.	R. ALL INDIVIDUAL "TOILET ROOMS" TO INCLUDE MIRROR, TOILET PAPER HOLDER, TOILET SINK COVER, PAPER TOWEL DISPENSER, SOAP DISPENSER, AND DRYER.			6. METAL PANELING.	6. STRUCTURAL COLUMN CLAD IN PREFABRICATED COLUMN COVER.		
G. PROVIDE 12" CLEAR SPACE ON THE PUSH SIDE (LATCH SIDE) OF ALL ENTRY DOORS AND THE REQUIRED MINIMUM CLEARANCE MUST BE WITHIN 6" OF THE FACE OF THE DOOR.	S. PROVIDE 3/4" THICK FIRE RESISTIVE WOOD TO FACE OF SCHEDULED PARTITION AT TELECOM/ELECTRICAL ROOMS. PAINT BACKGROUND COLOR OF ADJACENT WITHOUT COVERING THE FIRE-RATED STAMP.			7. CONCRETE SITE PAMP 1:1.2 MAX. SLOPE. REFER TO STRUCTURAL & CIVIL DRAWINGS.	7. OPERABLE PARTITION.		
H. PROVIDE 18" CLEAR SPACE ON THE PULL SIDE (LATCH SIDE) OF ALL DOORS AND THE REQUIRED MINIMUM CLEARANCE MUST BE WITHIN 6" OF THE FACE OF THE DOOR.					8. METAL PANELING.		
I. ALL DOOR FRAME OPENINGS SHALL BE LOCATED 4" FROM THE FACE OF THE ADJACENT PERPENDICULAR WALL UNLESS OTHERWISE NOTED.					9. CONCRETE SITE PAMP 1:1.2 MAX. SLOPE. REFER TO STRUCTURAL & CIVIL DRAWINGS.		
J. DIMENSIONS ARE FROM FACE OF STUD UNLESS OTHERWISE NOTED.							
K. CONTRACTOR SHALL FIELD VERIFY ALL CONDITIONS SHOWN TO AS EXISTING AND NOTIFY ARCHITECT WITH ANY DISCREPANCIES.							
L. PROVIDE BACKING AS REQUIRED FOR ALL WALL MOUNTED EQUIPMENT AND CASEWORK, INCLUDING THOSE NOTED AS NOT IN CONTRACT (N/C). VERIFY SIZE AND EXACT LOCATION OF BACKING WITH INDIVIDUAL EQUIPMENT MANUFACTURER.							

SAFETY: A WAY OF LIFE

BUILDING SUBMITTAL 05/17/2024

DRAWINGS AND SPECIFICATIONS PREPARED BY THE BOLDT COMPANY SHALL NOT BE COPIED, DISTRIBUTED OR USED EXCEPT AS AUTHORIZED BY CONTRACT WITHOUT EXPRESSED WRITTEN CONSENT OF THE BOLDT COMPANY.



www.theboldtcompany.com

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www.fisherpartners.net

CAMPUS WEST LAWRENCE UNIVERSITY
7 TROUT MUSEUM OF ART
325 EAST COLLEGE AVENUE
APPLETON, WISCONSIN 54911

OVERALL FIRST FLOOR PLAN
Project Number 105548
Drawn By: [Signature]
Checked By: [Signature]

A2.01