

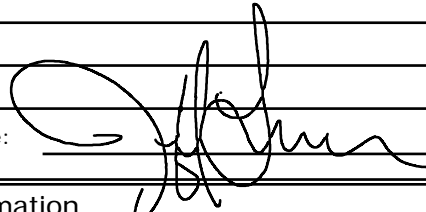


PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

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

Rev. 04-10-15

Applicant Information

Name (print): _____ Company: _____
 Address: _____ Telephone: _____ FAX: _____
 _____ e-mail: _____
 Applicant Signature:  Date: _____

Occupancy Information

General Description: _____

 Street Address: _____ Tax Key No.: _____
 - or -
 Street: _____ From: _____ To: _____
 Multiple Streets: _____

(Department use only)

Occupancy Type	Sub-Type	Location
<input type="checkbox"/> Permanent (\$40)	<input type="checkbox"/> Sandwich Board	<input type="checkbox"/> Sidewalk
<input type="checkbox"/> Temporary - max. 35 days (\$40)	<input type="checkbox"/> Tables / Chairs	<input type="checkbox"/> Terrace
<input type="checkbox"/> Amenity/Annual (\$40)	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	Obstruction / Other	

Additional Requirements

Plan/Sketch Certificate of Insurance Bond
 Other: _____

Traffic Control Requirements

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

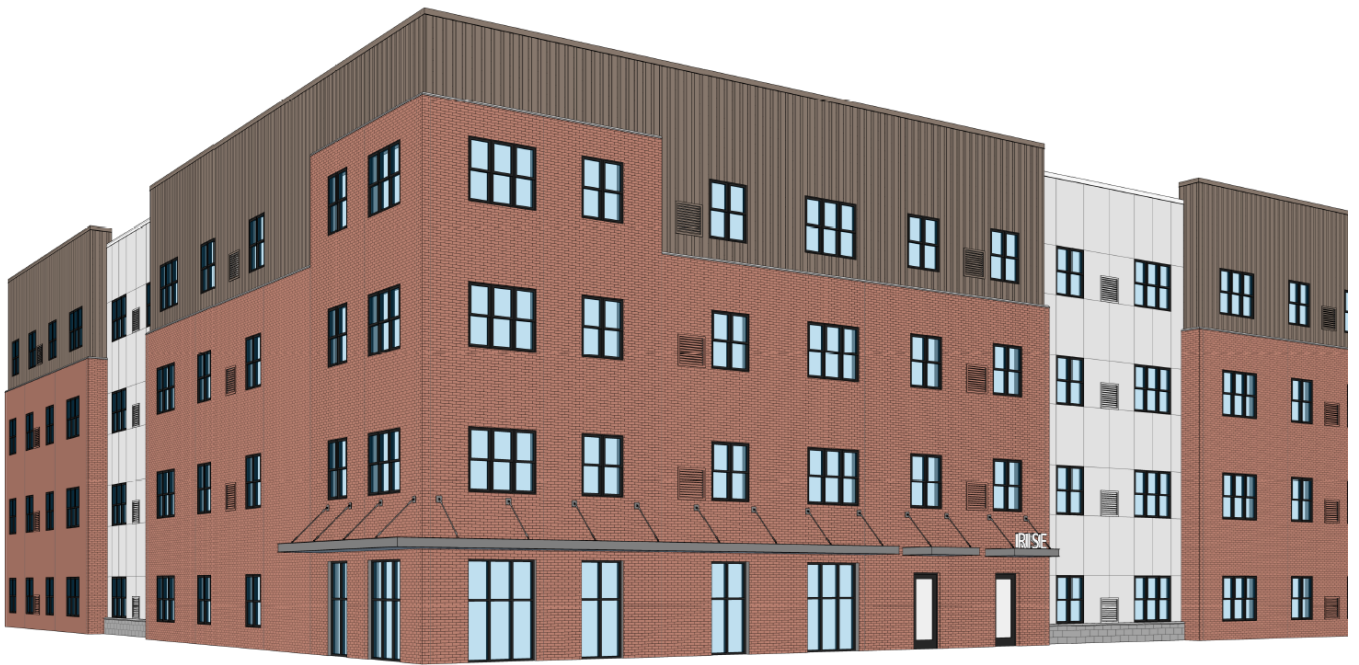
This permit approval is subject to the following conditions:

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)



PERSPECTIVE VIEW

W. HARRIS STREET

3' DEEP PROJECTING AWNING,
BOTTOM IS 10' ABOVE GRADE

CURB INLET
RIM=785.96
SE 12" CONC=782.70

CURB INLET
RIM=785.06
NE 12" CONC=782.57
SE 12" CONC=782.66
SW 8" TRUSS=783.16

STOP LINE

PROJECTION OVER PROP. LINE

68.09'

1.62'

385'39"W 165.31'

22.07'

2'

PROJECTION OVER PROP. LINE

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

CURB INLET
RIM=785.82
NW 12" PVC=782.92

STORM MH
RIM=786.08
NE 12" PVC=
S 12" PVC=7

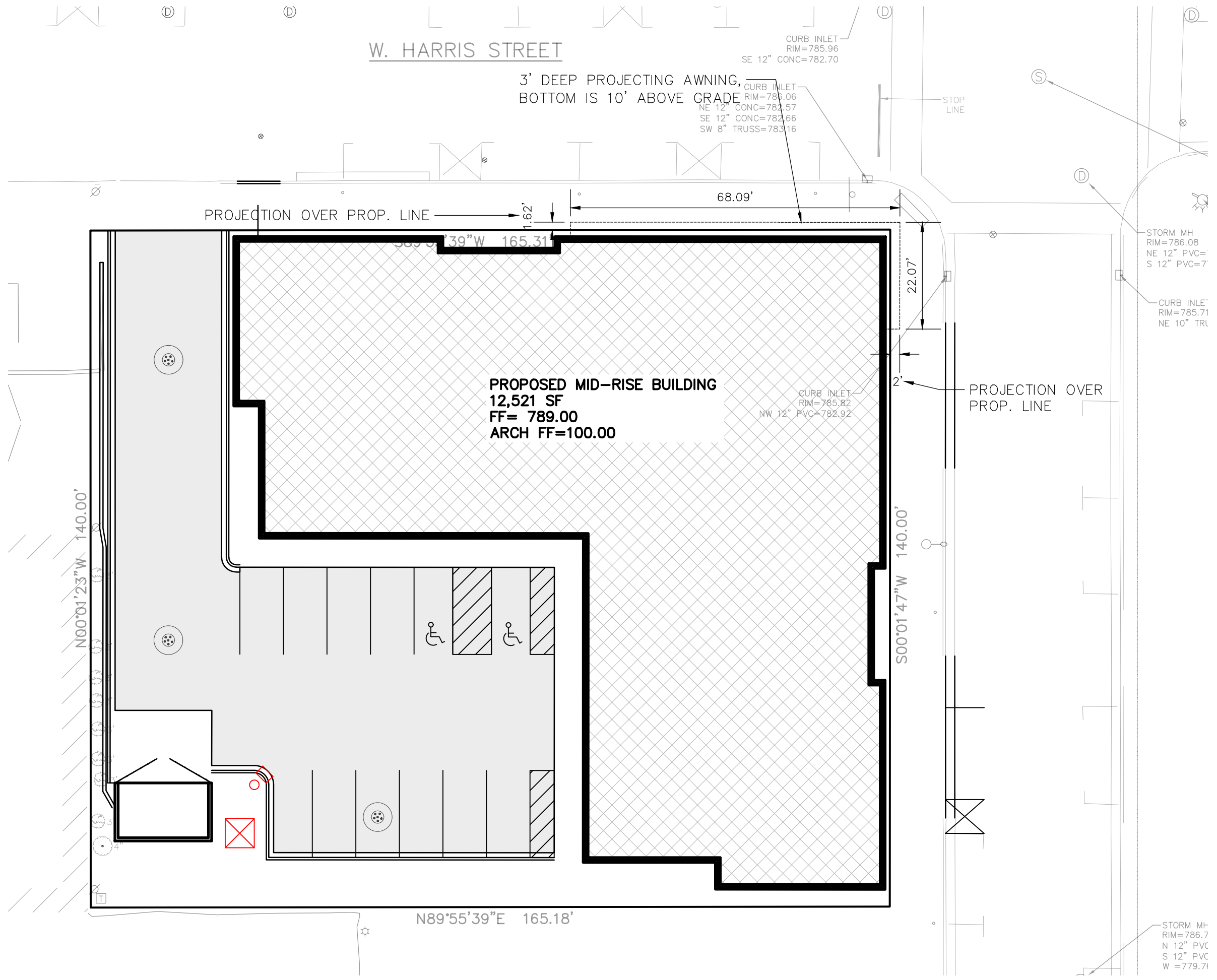
CURB INLET
RIM=785.71
NE 10" TR

N00°01'23"W 140.00'

S00°01'47"W 140.00'

N89°55'39"E 165.18'

STORM MH
RIM=786.7
N 12" PVC
S 12" PVC
W =779.71





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2023

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 M3 Insurance Solutions 828 John Nolan Drive Madison, WI 53173	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Rise Apartments LLC 229 E Washington Street Appleton, WI 54911	INSURER A: Auto-Owners Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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			4641075	05/30/2023	05/30/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			4641075	05/30/2023	05/30/2024	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 Products/Completed O \$ 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						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: 113 W Harris St, Appleton, WI 54911

FBB Tax Credit Investment, LLC, First Business Bank and its successors and assigns are listed as an additional insured on the general liability. Terrorism is included. 30 day notice of cancellation applies.

CERTIFICATE HOLDER**CANCELLATION**

FBB Tax Credit Investment, LLC, First Business Bank attn: Brian Hagen 401 Charmany Drive Madison, WI 53719	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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/24/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY M3 Insurance Solutions 828 John Nolan Drive Madison, WI 53713		PHONE (A/C, No, Ext):	COMPANY Liberty Mutual Insurance		
FAX (A/C, No):		E-MAIL ADDRESS:			
CODE: AGENCY CUSTOMER ID #:		SUB CODE:			
INSURED Rise Apartments LLC 229 E Washington Street Appleton, WI 54911		LOAN NUMBER	POLICY NUMBER 66205488BMO1Q3		
		EFFECTIVE DATE 05/30/2023	EXPIRATION DATE 05/30/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

RE: 113 W Harris St, Appleton, WI 54911

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builder's Risk	9,668,596	10,000
Property in Transit and at Storage Locations	500,000	10,000
Soft Costs	500,000	10 Days
Earthquake	9,668,596	25,000
Flood	5,000,000	25,000
Rental Income	572,640	10 Days
Sewer Backup	50,000	10,000

REMARKS (Including Special Conditions)

Debris Removal of Covered Property: \$250,000
 Ordinance or Law: Undamaged Portion: \$9,668,596
 Ordinance or Law - Demolition and Increased Cost of Construction: \$50,000
 Wind and Hail: Included
 Coinsurance is Waived
 Permission to Occupy: 60 days
 30 day notice of cancellation applies. Replacement cost.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS FBB Tax Credit Investment, LLC First Business Bank attn: Brian Hagen 401 Charmany Drive Madison, WI 53719	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		