

PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

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

Rev. 04-10-15	Paid (yes of no).		
Applicant Information	0		
Name (print): Linda Garvey Company	Hilton Appleton taper Valley		
Address: 333 1) College Gve Telephone	920-733-8000 FAX:		
Appleton TOI 54911 e-mail	laarvey @ Apple tempoh. com		
Applicant Signature: Linda Marvey	1 garvey & Apple tonovh. Com Date: 3-33-22		
Occupancy Information			
General Description: TWO SUMPSTERS FOR CONSTRUCTION WATERIAL			
Street Address: 333 W. College Hue Applet	о <u>/\</u> Тах Кеу No.:		
Street: From: //-/-22	To: 4-30-22		
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 Sub-Type Sandwich Board Tables / Chairs Pumpster >> Pump	Location ☐ Sidewalk ☐ Terrace ☐ Roadway		
Additional Requirements			
Additional Requirements Plan/Sketch Certificate of Insurance	Bond		
	Bond		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ Other: Traffic Control Requirements ☑ N/A ☐	☐ Bond Contact Traffic Division (832-2379) 1 business day prior to any		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ Other: Traffic Control Requirements ☑ N/A Type of Street: Proposed Traffic Control:			
☐ Plan/Sketch ☐ Certificate of Insurance ☐ Other: Traffic Control Requirements ☑ N/A Type of Street: Proposed Traffic Control: ☐ Arterial/CBD ☐ City Manual Page(s)	Contact Traffic Division (832-2379) 1 business day prior to any		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ Other: Traffic Control Requirements Ø N/A Type of Street: Proposed Traffic Control: ☐ Arterial/CBD ☐ City Manual Page(s) ☐ Collector ☐ State Manual Page(s)	Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ 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.		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ Other: Traffic Control Requirements M N/A Type of Street: Proposed Traffic Control: Arterial/CBD City Manual Page(s) Collector State Manual Page(s) Local Other (attach plan) Approved by: Date: Certificate of Insurance Collector Date: Date: Other: Other: Other: Other: Date: Other: Other: Other: Date: Other: Other	Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.		
☐ Plan/Sketch ☐ Certificate of Insurance ☐ 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: als occupancy. It of this application. TATION if conditions of the permit are not met.		
Plan/Sketch Certificate of Insurance 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) 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 the permit shall adhere to any plan(s) that were submitted to the City of Appleton as part 3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNCIPAL CIT 4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions deven 5.	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: Additional Requirements: It of this application. ATTON if conditions of the permit are not met. Elop during the period the occupancy is permitted.		
Plan/Sketch Certificate of Insurance 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) 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 the Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of the Permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNCIPAL CTT 4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions developermit, warranties that all street occupancies will be performed in conformity to City ordinances, standard manner. By applying for and accepting this permit, the applicant assumes full liability and/or any costs in	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: Additional Requirements: ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted. ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted. ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted.		
Plan/Sketch Certificate of Insurance 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) 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 the second state of the subject to IMMEDIATE REVOCATION and/or issuance of a MUNCIPAL CIT 4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions devel 5. 6. This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the local permit, warranties that all street occupancies will be performed in conformity to City ordinances, standard manner. By applying for and accepting this permit, the applicant assumes full liability and/or any costs in compliance with said ordinances, standards, policies and permit conditions. No occupancy shall occur promits of payment, sidewalk and any of any sub-contractor working for them. The Grantee shall assume complete and full liability and responsible to the payment of them. The Grantee shall assume complete and full liability and responsible to the payment of them. The Grantee shall assume complete and full liability and responsible to the payment of them. The Grantee shall assume complete and full liability and responsible to the payment of them. The Grantee shall assume complete and full liability and responsible to the payment of them.	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: Additional Requirements: ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted. ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted. ATION if conditions of the permit are not met. Belop during the period the occupancy is permitted.		