



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : 25-032-T
Effective Date: 3-24-25
Expiration Date: 04-27-25
Non-Refundable Fee: 40.00
Paid (yes or no): 17241700

Rev. 05-2024

Applicant Information

Name (print): Michael Lemple Company: Holton Brothers Inc
Address: 1257 Terminal Rd Telephone: 262-377-7887
Grafton, WI 53024 E-mail: mike@holtonbrothers.com
Applicant Signature: Michael Lemple Date: 3-10-25

Occupancy Information

General Description/Reason: Sidewalk canopy in front of 222 W. College to combine with the existing awning and create a debris catch for work being done
Street Address: 222 W. College Sidewalk/roadway obstruction requested Y or N
- or -
Multiple Streets: Both ~~Appleton~~ ^{Superior} and College Side of Building
Date(s) From: 3-24-25 To: 2-3 mos. 35 days or < 35 days or >
(Requires Committee and Council Approval)

(Department use only)

Occupancy Type

06-19-25
Sub-Type

Location

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Permanent - Obstruction (\$40) | <input type="checkbox"/> Awning | <input type="checkbox"/> Sandwich Board | <input checked="" type="checkbox"/> Sidewalk |
| <input checked="" type="checkbox"/> Temporary - Obstruction (\$40) | <input type="checkbox"/> Dumpster | <input type="checkbox"/> Tables/Chairs | <input type="checkbox"/> Terrace |
| <input type="checkbox"/> Amenity/Annual (\$40) | <input type="checkbox"/> Sign | | <input type="checkbox"/> Roadway |
| <input type="checkbox"/> Blanket/Annual (\$250) | <input checked="" type="checkbox"/> Obstruction / Other | | |
| <input type="checkbox"/> Block Party (\$15) | <input type="checkbox"/> POD / Container | | |

Additional Requirements

Plan/Sketch Certificate of Insurance Bond
Other : _____ Committee and Council Approval Date: _____

Traffic Control Requirements

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

N/A 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:

Need appropriate sidewalk closure signs

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: Mark Lahay/ CS DATE: 03/19/25
(Department of Public Works)



HOLD HARMLESS, INDEMNIFICATION, AND DEFENSE AGREEMENT AND STATEMENT OF INSURANCE COVERAGE

The Applicant and/or the Organization agrees to indemnify, defend, and hold harmless the City of Appleton and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses, and costs, including attorney fees, arising out of the activities performed as described below. This obligation applies to the extent caused by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable, except to the extent caused by the sole negligence or willful misconduct of the City.

Proposed Activities: Exterior Facade Repair to 222 W. College Ave

Insurance Coverage Details (if applicable):

- Insurance Carrier: Liberty Mutual
- Insurance Agent Name and Phone Number: Horton Group 708-845-3917
- Policy Number: 07292873-24
- Policy Period: 7-1-24 7-1-25

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 requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license and have provided the name of my insurance carrier, the policy number, and the policy period above. Further, I agree to:

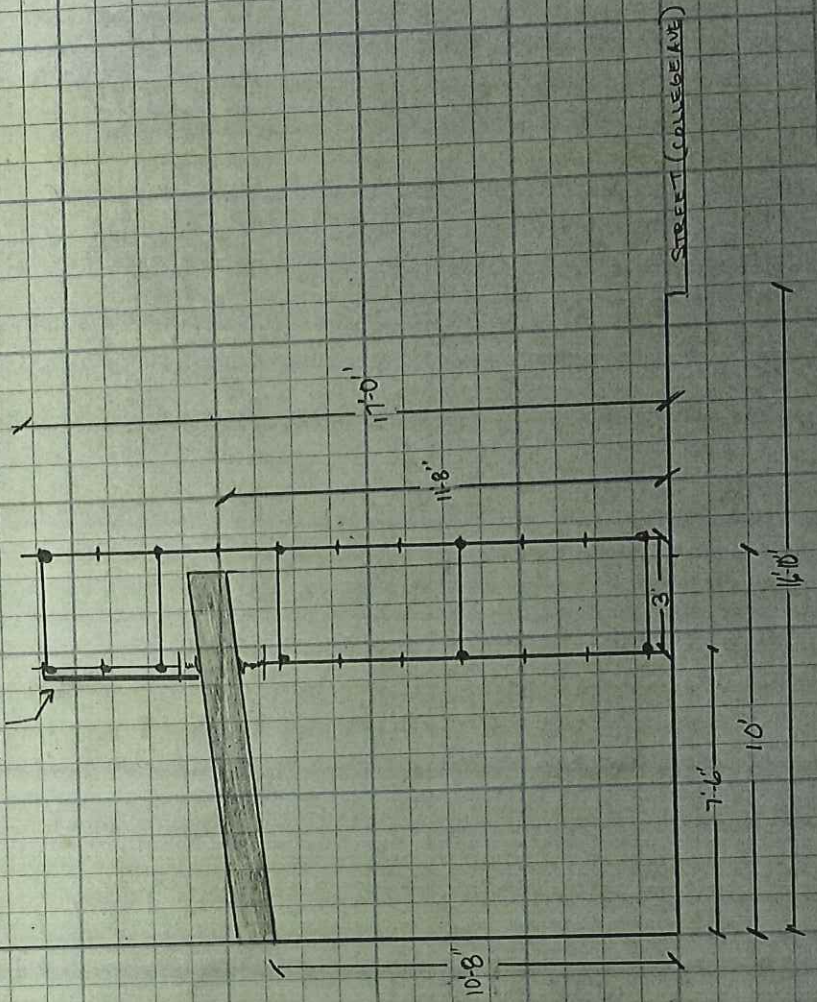
1. Maintain appropriate insurance coverage for the duration of this permit/license.
2. Indemnify against any and all liability, loss, damage, and expenses, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant or anyone directly or indirectly employed by 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.

<u>Holton Brothers Inc</u>	<u>Michael Lempe</u>
Name of Applicant/Organization	Print Name
<u>1257 Terminal Rd. Grafton, WI 53024</u>	<u>Michael Lempe</u>
Address	Signature
<u>mike@holtonbrothers.com</u>	<u>3-10-25</u>
Email Address	Date

SOUTH ELEVATION
↓

Plywood or
NETTING



WEST ELEVATION
↓

Plywood or
NETTING

