\*FIRST 35 DAYS APPROVED 3.17.25 +0 4.25.25



## PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: 25-027-T

Effective Date: 3.17.25

Expiration Date: 4.25.25

Non-Refundable Fee: #172247229

Paid (yes or no): YES

Rev. 05-2024		
Applicant Information		
Name (print): Codi Ska	ıar	Company: Blue Sky Contractors, LLC
Address: 2300 W.	Everett St.	Telephone: 920-733-1250
Appletor	, WI 54914	E-mail: codi@builditblue.net
Applicant Signature:	Codi Skaar	A COUL FOOL OF THE BUY CO THE BY CO THE BY CO THE BY CO THE BUY CO
Occupancy Informat	ion	
General Dumpste	er placement for new pizzeria	a buildout at 115 E. Washington St.
Description/ Reason: Location	n is corner of E. Washingto	on and Oneida St.
Street Address: 115 E. W.	ashington St.	Sidewalk/roadway obstruction requested Y or N
- or-	St	
Multiple Streets: Oneida	0.5	
Date(s) From:	то: <del>Ч·25-25</del> 3-2025 05-30-2025	35 days or < 35 days or > ✓ (Requires Committee and Council Approval)
(Department use only	J-ZUZU 00 00 2020	(Requires committee and sound approval)
Occupancy Type	Sub-Typ	<u>e</u> <u>Location</u>
Permanent - Obstru	uction (\$40) Awning	Sandwich Board Sidewalk
Temporary - Obstri	Jction (\$40)	ter Tables/Chairs Terrace
Amenity/Annual (\$	40) Sign	<b> ∇</b> Roadway
Blanket/Annual (\$2	.50) Obstruc	ction / Other
Block Party (\$15)	POD / 0	Container
Additional Requiren Plan/Sketch Other:	nents. Certificate of Insurar	nce Bond Committee and Council Approval  Date:
Traffic Control Requ	irements N/A	Contact Traffic Division (920-832-2379) 1 business day prior to
The second appeals are particles as well for the first of the SA-1	posed Traffic Control:	any lane closure, or 2 business days prior to a full road closure
Arterial/CBD	City Manual Page(s)	Additional Requirements:
Collector	State Manual Page(s)	
Local		
	Other (attach plan)  Date:	
Approved by: This permit approval is subject	。在1000年的中国的"公司"的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的	anger 1985 (1) - Angert Erstiger - Erst Market of Green Britania (1) - Angert - Angert Market (1) - Angert Anger Compression - Compression - Erstein - Erst Market and Compression (1) - Angert Anger
Permittee is responsible     Permittee shall adhere     This permit is subject to     This permit is subject to	e to obtain any further permits that r to any plan(s) that were submitted to o IMMEDIATE REVOCATION and/or is	may be required as part of this occupancy. o the City of Appleton as part of this application. suance of a MUNCIPAL CITATION if conditions of the permit are not met. rable traffic conditions develop during the period the occupancy is permitted. 12" of face of curb.
permit, warranties that all street of	dcupancies will be performed in conformity to	pressly limited to the location and type described herein. The applicant, in exchange for receiving this City ordinances, standards and policles, be properly barricaded and lighted, and be performed in a safe liability and/or any costs incurred by the City for corrective work required to bring the subject area into a occupancy shall occur prior to approval of this permit by the Department of Public Works.
or any sub-contractor working for	neir expense, the repair or replacement of pay them. The Grantee shall assume complete a resulting from their facilities within the public	vement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee and full liability and responsibility, in accordance with existing ordinances and policies, in the event of injury right-of-way.
APPROVED BY:	Mark Lahay/RT	DATE: 3/7/25
	(Department of Public	



## PARKING METER BAG APPLICATION

Effective Date: 3/17/25

Expiration Date: 3/21/25

Non-Refundable Fee: 172616552

Paid (yes or no): YES

Rev. 09-2024

NOTE: Fee is \$9.00 per day plus tax and is non-refundable.

THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED.

(excluding Sundays and City of Appleton Observed Holidays)

APPLICANT INFORMA	ATION								
Company Name	Blue Sky Contractor	<sub>Agent:</sub> JaTame S	Schabo						
	2300 W. Everett St.		Telephone: 920-733-						
	Appleton, WI 54914		Email: jatame@	jatame@builditblue.net					
Applicant Signature:_	JaTame Schi	Date: 3/13/25							
OCCUPANCY INFORM	ATION								
Reason	n: Concrete Pour for	new pizz	zeria						
Locatio	ո <u>։</u> 115 E. Washingtor	n St. App	oleton						
Meter Zone & Space	<sub>#:</sub> 1 needed 920 <sup>-</sup>	1 - 345							
	): March 17-21, 202								
(Office use only)	Amount Due: \$47.4	8							
	Receipt#: 172616								
	Initials: RT								
	Initials:								
This request is subject	to the following conditions:								
<ol> <li>Meter bags shall not be used on RED meters. If a red meter is found bagged, the bag will be removed and the vehicle will be ticketed.</li> <li>Requests shall be evaluated by the City Engineer or designee and shall only be issued for essential/logistical reasons, not for convenience.</li> <li>Applicants shall seek side street alternatives when possible before requesting meter bags on College Avenue.</li> <li>No meter bag fees will be charged for City Sponsored Special Events (Memorial Day Parade, Flag Day Parade, Christmas Parade, Police Week Vehicle Display).</li> <li>Requests for waiver of fees or reduced fees for non-City sponsored events must be approved in advance by Committee and Council.</li> <li>Unauthorized vehicles parked in reserved/bagged parking stalls are subject to immediate towing without warning.</li> </ol>									
APPROVED BY:	Mark Lahay/RT	blic Works)	DATE:	:					



## **PARKING METER BAG APPLICATION**

Effective Date: \_\_\_\_

Expiration Date: 4/18/25

Non-Refundable Fee: 172616552

Paid (yes or no): YES

Rev. 09-2024

NOTE: Fee is \$9.00 per day plus tax and is non-refundable. THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED. (excluding Sundays and City of Appleton Observed Holidays)

APPLICANT INFORMAT	TION_		
	lue Sky Contractors, LLC	Agent: JaTame Schab	0
	300 W. Everett St.	Telephone: 920-733-1250	
Address: <u></u>	ppleton, WI 54914	Email: jatame@buildit	blue.net
	JaTame Schabo	Date: 3/13/25	
Applicant Signature		Date	
OCCUPANCY INFORMA	TION		
Reason:	Dumpster for new pizzeria		
Location	115 E. Washington St.		
	2 needed 9201 - 343 & 34	14	
	March 17-April 18,2025		
(Office use only)	\$550.71		e Server
	Amount Due: \$550.71		
	Receipt#: 172616552 Initials: RT		
	Initials:		
	- the fellowing conditional		
	the following conditions:		abiala will be ticketed
Meter bags shall not be	e used on RED meters. If a red meter is found uated by the City Engineer or designee and sh	bagged, the bag will be removed and the v	asons not for convenience
	ide street alternatives when possible before re		adding flot for convenience.
	be charged for City Sponsored Special Events		Christmas Parade, Police
Week Vehicle Display)			
	fees or reduced fees for non-City sponsored e	events must be approved in advance by Co	mmittee and Council.
	parked in reserved/bagged parking stalls are s		
			<b>10.</b> F
APPROVED BY:	MARK LAHAY / RT	DATE: 3/13/	25
	(Department of Public Works)		

#### APPROVAL FROM MSC & COUNCIL:



# PARKING METER BAG APPLICATION

Effective Date:	4/19/25
Expiration Date:	
Non-Refundable Fee:	<u> </u>
Paid (ves or no).	

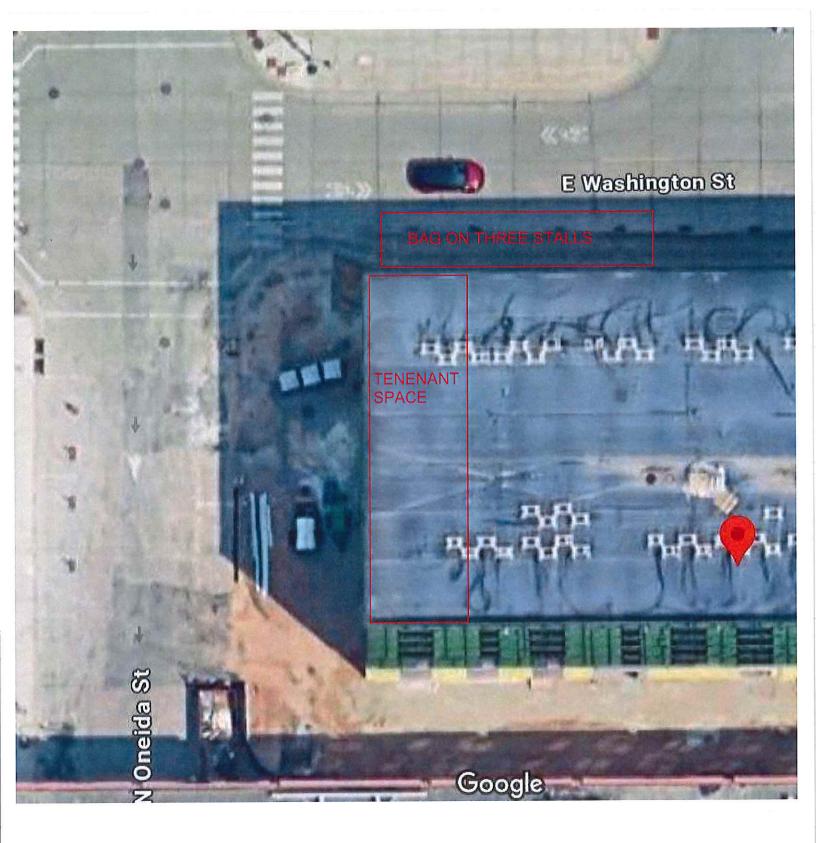
Rev. 09-2024

NOTE: Fee is \$9.00 per day plus tax and is non-refundable.

THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED.

(excluding Sundays and City of Appleton Observed Holidays)

APPLICANT INFORMATION	2
Company Name: Blue Sky Contractors, LL	C Agent: JaTame Schabo
Address: 2300 W. Everett St.	Telephone: 920-733-1250
Address: Appleton WI 54914	Email: jatame@builditblue.net
Applicant Signature: <u>JaTame Schabo</u>	Date: <u>3/13/25</u>
<i>U</i>	
OCCUPANCY INFORMATION	
Reason: Dumpster placement ne	ew pizzeria
Location: 115 E. Washington St. A	Appleton
Meter Zone & Space#: 2 needed 9201- 343 8	& 344
Date(s): April 19-May 30, 2025	· · · · · · · · · · · · · · · · · · ·
(Office use only)	
Amount Due: \$664.65	
Receipt#:	
Initials:	<u>k., 48. jililik.</u> — 1980) jilili i 1944
This request is subject to the following conditions:	
	ound bagged, the bag will be removed and the vehicle will be ticketed.
	nd shall only be issued for essential/logistical reasons, not for convenience.
3. Applicants shall seek side street alternatives when possible befo	
Week Vehicle Display).	vents (Memorial Day Parade, Flag Day Parade, Christmas Parade, Police
	red events must be approved in advance by Committee and Council.
6. Unauthorized vehicles parked in reserved/bagged parking stalls	are subject to immediate towing without warning.
APPROVED BY:	DATE:
(Department of Public Works)	





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/20/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT Aaron Pluger							
THZ Insurance Group	PHONE (A/C, No, Ext): (920) 833-6871 FAX (A/C, No): (920) 833-68	170						
114 S. Main St. PO Box 6	E-MAIL ADDRESS: info@thzins.com							
Seymour, WI 541650006	INSURER(S) AFFORDING COVERAGE NA	AIC#						
	INSURER A: Selective Insurance 12	2572						
INSURED Blue Sky Contractors LLC and Zeitgeist Development LL	05/ 507//5 1/10 00 05 00	9259						
2300 W Everett St	INSURER C: Hiscox Pro							
Appleton, WI 549144748	INSURER D:							
	INSURER E:							
	INSURER F:							

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
The Control of the Section of the Control of the Co		

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, FXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY			S 2240638	09/25/2024	09/25/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000
	CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			S 2240638	09/25/2024	09/25/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	✓ UMBRELLA LIAB ✓ OCCUR			S 2240638	09/25/2024	09/25/2025	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED ✓ RETENTION \$ 0							\$	
В	WORKERS COMPENSATION			WC 9038481	09/25/2024	09/25/2025	✓ PER OTH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		19			E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Leased/Rented Equipment			S 2240638	09/25/2024	09/25/2025	\$500 ded		\$100,000
С	Professional Liability			ANE 182184024	09/25/2024	08/25/2025			\$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 officiers, Council members, agent, employees and authorized volunteers as additional insured with waiver of subrogation with regard to the General Liability per Form CG 7988 and Form CG 73 00 and with regard to Business Auto per Form CA 7809 when required by written contract. Policies are primary and non-contributory. Umbrella policy follows underlying form. Waiver of subrogation with regard to Worker's Compensation per Form WC 00 03 13 when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City Of Appleton 100 N. Appleton Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Appleton, WI 54911	AUTHORIZED REPRESENTATIVE

CANCELLATION

© 1988-2015 ACORD CORPORATION. All rights reserved.

\_\_\_\_\_\_\_



Step 1: Select Payments

Step 2: Review and Submit

Step 3: Confirmation and Receipt

#### Step 3: Confirmation and Receipt

### Result: Payment Authorized Confirmation Number: 172247229

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

	Amount
	\$40,00
Subtotal:	\$40,00
Convenience Fee:	\$1,50
Total Payment:	\$41.50
	Convenience Fee:

First Name:

Schabo

Last Name:

Address Line 1: 2300 W. Everett St.

Address Line 2:

City:

Appleton Wisconsin

State: Zip Code:

54914

Phone Number: 920-733-1250

Email Address: jatame@buildtiblue,net

#### Payment Information

Payment Date: 03/06/2025

Card Type:

Card Number: \*\*\*\*\*\*4588

Print

#### Thank you for your payment!

This service has been provided by City of Appleton Public Works, WI and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to City of Appleton Public Works, WI. The City of Appleton thanks you for your payment. For questions about your account, please call 920-832-6474

Name: JaTame Schabo

Address: 2300 W. Everett St., Appleton WI, US, 54914

**Contact:** 9207331250

Comments:

Payment ID: 172616552

**Date:** 03/13/25 02:01 PM

 Subtotal:
 \$598.19

 Fee:
 \$18.00

 Total:
 \$616.19

Method: Credit Card(\*\*\*\*\*\*\*\*4588)

Item Purchased	Transaction Description	Account	Amount
Meter Bags	City of Appleton		\$598.19

Sig	ına	ture	e:							_	Da	te:	/	/	
_						 			1141						

By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *City of Appleton*. If you have any questions about the charges please call 1-888-891-6064.

Print Receipt Close Window