

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

Permit #: 25-035 -T

Effective Date: 3/31/25

Expiration Date: 4/30/25

Non-Refundable Fee: #173233212 Paid (yes or no): YES - \$40.00

cant Information	BL CL CL
ne (print): Niver Booth Com	pany: Blue Sky Contractors
Address: 2300 W. Everett St. Upplum Telep	hone: 410 419 9541
	mail: O(sver@build it blue.net
cant Signature: Elwir Gross	Date: 3/25/25

Address: 2300 W. Everett St. Upplum Tele	ephone: 410 419 9541			
	-mail: Oliver@buildifblue.net			
Bl. A. Rott	Date: 3/25/25			
Applicant Signature:				
Occupancy Information	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
General Weed 2 spaces Bagged For a	c Jampster			
Description/ Reason:	· · · · · · · · · · · · · · · · · · ·			
Street Address: 318 V. College Are. Appliton	Sidewalk/roadway obstruction requested Y or N			
- or-				
Multiple Streets:				
Date(s) From: 3/3/ To: 4/3() 35 da	ys or < 35 days or > (Requires Committee and Council Approval)			
(Department use only)	Location			
Occupancy Type  Permanent - Obstruction (\$40)  Awning	Sandwich Board Sidewalk			
Permanent - Obstruction (\$40)  Awning  Temporary - Obstruction (\$40)  Dumpster	Tables/Chairs Terrace			
Amenity/Annual (\$40)	Roadway			
Blanket/Annual (\$250) Obstruction / Oth	<b>↓</b>			
Block Party (\$15) POD / Container				
Additional Requirements				
Plan/Sketch Certificate of Insurance	Bond Committee and Council Approval			
Other:	Date:			
Traffic Control Requirements N/A	Contact Traffic Division (920-832-2379) 1 business day prior to			
Type of Street: Proposed 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)	Follow the Traffic Control page regarding the			
Local Other (attach plan)  Dumpster				
Approved by: Date:				
This permit approval is subject to the following conditions:				
1. Permittee is responsible to obtain any further permits that may be requi	ired as part of this occupancy.			
<ol> <li>Permittee shall adhere to any plan(s) that were submitted to the City of</li> <li>This permit is subject to IMMEDIATE REVOCATION and/or issuance of a</li> </ol>	MUNCIPAL 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.	The state of the s			
This permit is issued to the applicant upon payment of the permit fee and is expressly limited permit, warranties that all street occupancies will be performed in conformity to City ordinance manner. By applying for and accepting this permit, the applicant assumes full liability and/or a compliance with said ordinances, standards, policies and permit conditions. No occupancy shall be conditioned to the conditions of the co	se, standards and policies, de properly damicaded into lighted, and the subject area into any costs incurred by the City for corrective work required to bring the subject area into iall 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.				
Mark Lahay/RT	DATE: 3/26/25			
APPROVED BY:	DATE			

(Department of Public Works)



## **PARKING METER BAG APPLICATION**

Effective Date: 3/31/25

Expiration Date: 4/30/25

Non-Refundable Fee: #173259364

Paid (yes or no): yes \$512.73

Rev. 09-2024	
NOTE: Fee is \$9.00 per day plus THIS FEE WILL BE CHARGED FOR EVERY (excluding Sundays and City of Ap	DAY THE METER BAG IS RESERVED.
APPLICANT INFORMATION  Company Name: Blue Sky Contractors  Address: 2300 W. Everett St.  Appleton WI 54914  Applicant Signature: Skyline Buttor	Agent: Ollie Booth Telephone: 920-419-9591 Email: Oliver@builditblve.net  Date: 3/25/25
OCCUPANCY INFORMATION  Reason: Dumpster for Construct  Location: 318 W. Callege Aire  9201 - 57 & 58  Meter Zone & Space#: 3-3/ - 4/30	ton Work Appleton, WI 54911
(Office use only)  Amount Due:  Receipt#: #173259364  Initials:	
This request is subject to the following conditions:  1. Meter bags shall not be used on RED meters. If a red meter is found bag. Requests shall be evaluated by the City Engineer or designee and shall 3. Applicants shall seek side street alternatives when possible before request. No meter bag fees will be charged for City Sponsored Special Events (If Week Vehicle Display).  5. Requests for waiver of fees or reduced fees for non-City sponsored events. Unauthorized vehicles parked in reserved/bagged parking stalls are subject to the following conditions:	I only be issued for essential/logistical reasons, not for convenience.  Justing meter bags on College Avenue.  Memorial Day Parade, Flag Day Parade, Christmas Parade, Police  Justin
APPROVED BY:  Mark Lahay/RT  (Department of Public Works)	DATE: 3/26/25



## 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: Weed 2	. parking spaces	Bagged for a d	umpster vent
Insurance Coverage Details (if applie Insurance Carrier: ACOT Insurance Agent Name and Pho Policy Number: 5 2 2 Policy Period: 9/25/26 I confirm that I have the authority permittee/licensee or duly authorized re-	20 one Number: <u>Aaron</u> 40638 4 - 9/25/25 to sign and certify th	e information contair	ed herein as the t/license.
I have reviewed and understand the instance I, or the company I represent, have instance provided the name of my insur Further, I agree to:  1. Maintain appropriate insurance 2. Indemnify against any and all liarising out of the activities performed in the insurance of the which may arise from the use of the insurance.	surance in the amounts rance carrier, the policy coverage for the durationability, loss, damage, a primed as described here applicant or anyone di	required to obtain this y number, and the po on of this permit/license nd expenses, including ein, caused in whole of rectly or indirectly emp	e. g attorney fees, or in part by any oloyed by them,
I certify that this application, and all	information and docu	mentation provided t	therein,
is true and accurate.		01 0	
Name of Applicant/Organization	ractors	Oliver Bo	ofh_
Name of Applicant/Organization	tion	Print Name	
_ 2300 V. Everett St. Address	Appleton WI 54914	Signature	Suff
Oliver@buildit blue, nel	-	3/25/2	4
Email Address		/ Date	