



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : 24-025-TEffective Date: 02/21/2024Expiration Date: 03/20/2024Non-Refundable Fee: \$40.00Paid (yes or no): yes/152039586

Rev. 10-05-2023

Applicant Information

Name (print): Cooper Krings Company: Northcentral Construction Corporation
Address: 631 S Hickory Street Telephone: 920-579-5075
Fond du Lac, WI 54935 E-mail: cooperk@nccbuilds.com
Applicant Signature: [Signature] Date: 01/09/24

Occupancy InformationGeneral Description: New Construction of Rise ApartmentsStreet Address: 102, 104, 106, 108, 110, 112, and 113 W Harris Street Sidewalk/roadway obstruction requested ☒ Y or ☐ N- or -
Multiple Streets: W Harris Street & N Oneida Street ----- requesting till 6/30/2024 to go to MSC and CouncilDate(s) From: 02/21/2024 To: 03/20/2024 35 days or < ☐ 35 days or > ☒
(Requires Committee and Council Approval)

(Department use only)

Occupancy Type**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"/> Table / Chairs | <input type="checkbox"/> Terrace |
| <input type="checkbox"/> Amenity/Annual (\$40) | <input type="checkbox"/> Sign | | <input checked="" 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 : _____

Traffic Control Requirements☐ 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:

Type of Street:**Proposed Traffic Control:**

- | | |
|---|---|
| <input type="checkbox"/> Arterial/CBD | <input checked="" type="checkbox"/> City Manual Page(s) _____ |
| <input type="checkbox"/> Collector | <input type="checkbox"/> State Manual Page(s) _____ |
| <input checked="" type="checkbox"/> Local | <input checked="" type="checkbox"/> Other (attach plan) _____ |

See attachments

Approved by: MIKE HARDY Date: 1/15/24**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:

Pete Neuberger/ds

(Department of Public Works)

DATE: 3/1/2024

Statement of Insurance Coverage

Insurance Coverage:

Insurance Carrier: **Cincinnati Insurance Company**
Insurance Agent Name and Phone Number: **McClone Agency-Dillon Holewinski**
Policy Number: **0169944**
Policy Period: **1/1/24-12/31/24**

Bond Coverage:

* Bond Carrier: _____
* Bond Agent Name and Phone Number: _____
* Bond Number: _____
* Bond Period: _____

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 and bonding requirements of the City of Appleton. I hereby certify that I, or the company I represent have insurance and a bond in the amounts required to obtain this permit/license. I have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance and bond carriers, the policy numbers and policy periods above.

Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify against any and all liability, loss, damage and expenses and costs including attorneys' 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, anyone directly or indirectly employed by any of 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.

Company Name: **Northcentral Construction Corporation**

Print Name: **Raquel Schraufnagel**

Signature: 

Date: **1/9/2024**

** Bonds are required for the following types of work only:*

- Plumbing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-265)
- Demolition of Buildings: \$5,000.00 Permit Bond (Code Section 4-188(a)(2))
- Sewer lateral sealing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-188(c))
- Moving of Buildings: \$5,000.00 Permit Bond (Code Section 4-207(5))
- Cement Finisher's License: \$5,000.00 License Bond (Municipal Code Section 9-33)
- Excavation or place facilities in the public right-of-way: \$5,000.00 Permit Bond (Code Section 16-110)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2024

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 The McClone Agency, Inc. PO Box 389 Menasha WI 54952	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 800-236-1034 E-MAIL ADDRESS: certificate@mcclone.com	FAX (A/C, No): 920-725-3233
License#: 100197661 NORTCON-01		INSURER(S) AFFORDING COVERAGE
INSURED Northcentral Construction Corporation 631 S Hickory St Fond du Lac WI 54935-5502		NAIC # 10677
INSURER A: Cincinnati Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 271155795**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	EPP 0169944	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EBA 0169944	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EPP 0169944	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	EWC 0414001	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 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 officers, council members, agents, employees and authorized volunteers are Additional Insureds with respect to General Liability for ongoing and completed operations on a primary and noncontributory basis with waiver of subrogation. 30 day notice of cancellation (10 days for non-payment) will be provided to certificate holder in accordance with the policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF APPLETON
100 North Appleton St
Appleton WI 54911
USA

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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DEPARTMENT OF PUBLIC WORKS

METER BAG APPLICATION

Fee is \$9.00 per day plus tax or any part thereof. **THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED** (excluding Sundays and Holidays).

NOTE: 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.

Company Name **Northcentral Construction Corporation**

Agent **Cooper Krings**

Company Address **631 S Hickory Street, Fond du Lac, WI 54935**

Phone Number **920-929-9400**

Reason **New Construction - Rise Apartments(2nd temp permit)**

Location **102-113 Harris Street**

Meter Zone 9202 - 81,103,104,105,111,112,113,114,115,123,124,125,126,127(14)
Zone & Space#

Date(s) **2-21-24 to 3-20-2024(attached)**

(Department use only)






Amount Due **\$3,323.25**
(\$9.00 per bag per day plus tax)

Approved by **Pete Neuberger/ds**
Department of Public Works Representative

Today's Date **2/28/2024**



 =  42" DELINEATOR CONE

<div><p>Warning Lites Of Appleton, Inc. TRAFFIC SAFETY & SUPPLY 1-920-725-0757 "Safety Is Our Business"</p></div> <div>920-725-0757 www.warningliteswi.com</div>	START DATE & TIME	<p><u>GENERAL NOTES:</u></p> <p>THIS TRAFFIC CONTROL PLAN IS FOR INFORMATIONAL PURPOSES ONLY. TRAFFIC CONTROL PLAN IS NOT TO SCALE. WARNING LITES OF APPLETON, INC. ASSUMES NO LIABILITY FOR LAYOUT & SETUP OF ACCEPTED TRAFFIC CONTROL PLAN. THE CITY OF APPLETON DECIDES FINAL APPROVAL OF TRAFFIC CONTROL PLAN. ADVANCED WARNING SIGNS WILL BE MOUNTED ON PORTABLE SUPPORTS. THE EXACT NUMBER, LOCATION, AND SPACING OF ALL SIGNS AND DEVICES. SHALL BE ADJUSTED TO FIT FIELD CONDITIONS AS APPROVED BY THE ENGINEER.</p>	<div> SIGN SYMBOL</div> <div> DRUM WITH/WITHOUT LIGHT</div> <div> TYPE III BARRICADE</div> <div> DIRECTION OF TRAFFIC</div>	Prime Contractor	Traffic Control Contractor	
	NORTHCENTRAL CONSTRUCTION			Warning Lites of Appleton, Inc.		
	Phone			Sheet Number	Date	
	920-725-0757			1	01/10/2023	
	Prepared By			Lance G Mauel		

2-0529

2-0532

2-0533

ZONE 9202-115
BLOCKED BY DRIVEWAY MADE

ZONE 9202 - 111, 112, 113, 114

ZONE 9202 - 103, 104, 105

2-0530

2-0536

411413415433
401-07

116

112-102

ZONE 9202 - 81

113

ZONE 9202 - 123, 124, 125, 126, 127

2-0431

2-0441

322
318
312
312.5

2-0

2-04

2-0435

2/21/2024 to 3/20/2024

Rate = \$9.00/day + tax

\$ 3,323.25

Already removed

[illegible]