



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: 2171-T
 Effective Date: 9/10/21
 Expiration Date: 10/8/21
 Fee: \$40.00
 Paid (yes or no): Y/100076952

Rev. 04-10-15

Applicant Information

Name (print): Bryan Vandenaek Company: Security Luebke Roofing
 Address: 3921 E. Endeavor Telephone: 920-841-8188 FAX: _____
Appleton WI 54915 e-mail: bvandenaek@securityluebke roofing.com
 Applicant Signature: Bryan Vandenaek Date: 9-9-2021

Occupancy Information

General Description: put a small crane on the corner of Douglas & 4th St

Street Address: 1635 W. Spencer St Tax Key No.: _____
 - or -
 Street: _____ From: 9/10/21 To: 10/8/21
 Multiple Streets: _____

(Department use only)

Occupancy Type	Sub-Type	Location
<input type="checkbox"/> Permanent (\$40)	<input type="checkbox"/> Sandwich Board	<input type="checkbox"/> Sidewalk
<input checked="" type="checkbox"/> Temporary - max. 35 days (\$40)	<input type="checkbox"/> Tables / Chairs	<input type="checkbox"/> Terrace
<input type="checkbox"/> Amenity/Annual (\$40)	<input type="checkbox"/> Dumpster	<input checked="" type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	<input checked="" type="checkbox"/> Obstruction / Other	

Additional Requirements

Plan/Sketch Certificate of Insurance Bond
 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: _____

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: _____

This permit approval is subject to the following conditions:

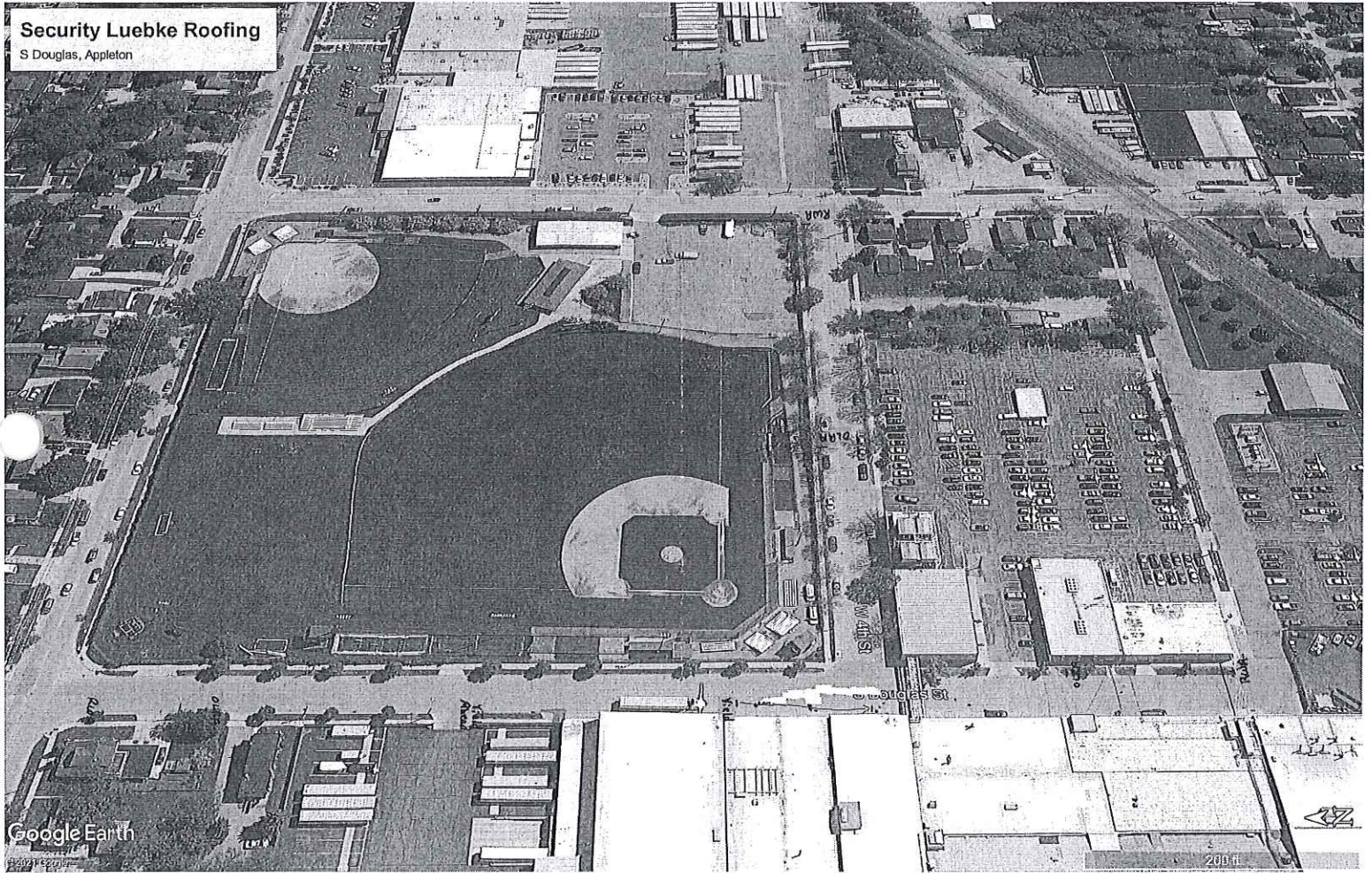
1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy
2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION 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: Mike Hardy / ds DATE: 9/9/21
 (Department of Public Works)

Security Luebke Roofing
S Douglas, Appleton



Google Earth

200 ft

Insurance and Bond Coverage:

Insurance Carrier: M3 Insurance Solutions, Inc.

Insurance Agent Name and Phone Number: Tiffanie Courtney 920-405-9162

Policy Number: Z19700

Policy Period: 5/1/2022

* 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 permit/license and have provided the name of my insurance and bond carriers, the policy numbers and permit/license 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.

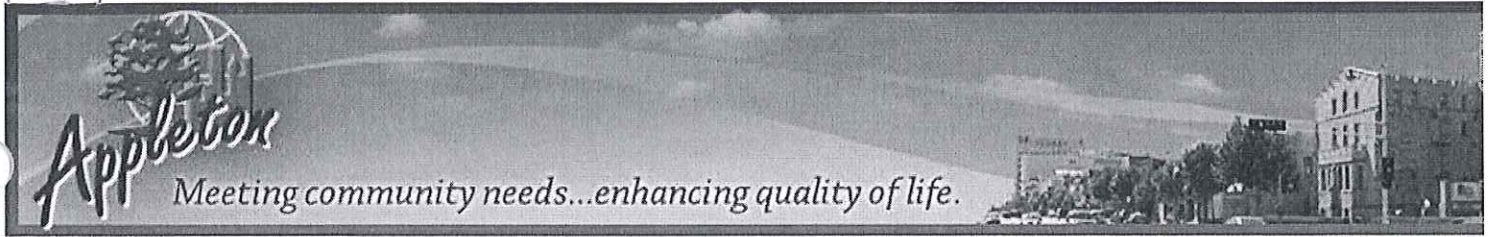
I certify that this application, and all information and documentation provided therein, is true and accurate.

Company Name: Security Luebke Roofing

Print Name: Makayla Barth

Signature: Makayla Barth

Date: 9/1/21



Step 1: Select Payments Step 2: Review and Submit Step 3: Confirmation and Receipt

Step 3: Confirmation and Receipt

Result: Payment Authorized
Confirmation Number: 100076952

Your payment has been authorized successfully and payment will be processed.

The City of Appleton Inspections thanks you for your payment. For questions about your account, please call 920-832-6413. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

Description	Amount
Street Occupancy Permit payment of \$40.00 on Permit Description Temporary - \$40	\$40.00
Subtotal:	\$40.00
Convenience Fee:	\$1.50
Total Payment:	\$41.50

Customer Information

First Name: BRYAN
 Last Name: VANDENACK
 Address Line 1: 3921 E ENDEAVOR
 Address Line 2:
 City: APPLETON
 State: Wisconsin
 Zip Code: 54915
 Phone Number: 920-841-8188
 Email Address: BVANDENACK@SECURITYROOFING.COM

Payment Information

Payment Date: 09/09/2021
 Card Type: Visa
 Card Number: *****3950

Print

Finished