

PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: 24-027-T extension

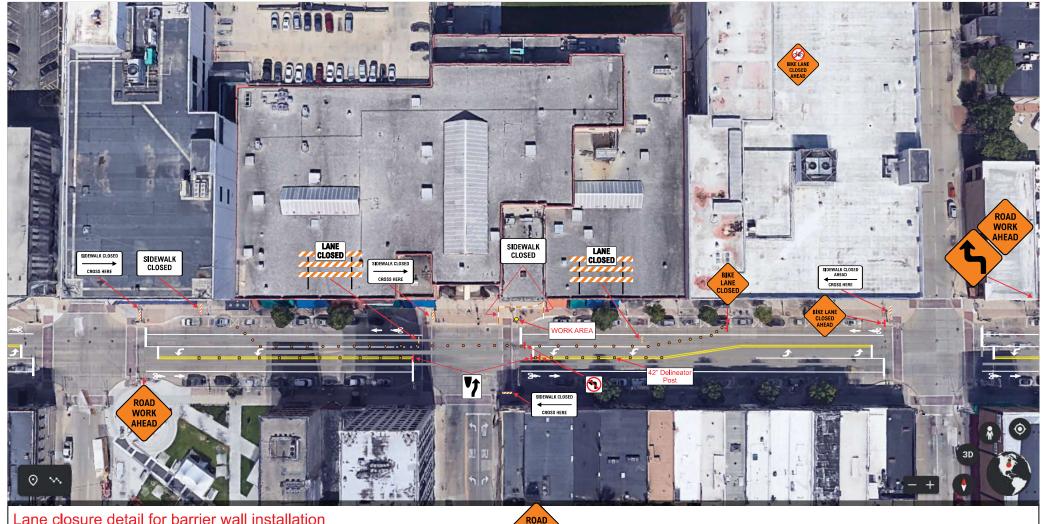
Effective Date: 3/7/2024
Expiration Date: 7/01/2024

Non-Refundable Fee: \$40.00

Paid (yes or no): yes/6281-0003

Rev.	10	OF	20	22
Rev.	10-	UD-	-20	Δ.

Applicant Information							
	ompany: BOLDT						
Address: 2525 N ROEMER RD Tele	ephone: 920-841-4743						
	E-mail:						
Applicant Signature:	Date: 5/1/2024						
Occupancy Information							
General	CITY CENTER EAST TO START OF CITY CENTER WEST. TO IS FOR THE NORTH SIDEWALK OF COLLEGE AVE ONLY.						
Street Address: 10 E COLLEGE AVE	Sidewalk/roadway obstruction requested Y or N						
Multiple Streets: Oneida St and College Ave							
Date(s) From: 3/7/2024 To: 7/01/2024 35 da	ys or < 35 days or > (Requires Committee and Council Approval)						
(Department use only) Occupancy Type Image: Permanent - Obstruction (\$40) Image: Permanent -	Location Sandwich Board Table / Chairs Terrace Roadway Roadway						
Additional Doquinaments							
Traffic Control Requirements N/A	Contact Troffic Division (922, 2270) 1 business day prior to any						
Type of Street: Proposed Traffic Control:	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:						
Arterial/CBD City Manual Page(s) Collector State Manual Page(s)	SEE ATTACHED						
Local Other (attach plan)	Snow removal along the sidewalk's detoured path in the						
Approved by: IVIIKE HAKUY Date: 2/8/24	parking lane will be Boldt's responsibility.						
This permit approval is subject to the following conditions:							
 Permittee is responsible to obtain any further permits that may be required as part of this occupancy. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNCIPAL CITATION if conditions of the permit are not met. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the occupancy is permitted. 6. 							
	the least an end time described havein. The applicant in evaluation for receiving this						
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, warranties 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, sidewal or any sub-contractor working for them. The Grantee shall assume complete and full liability a or damage to persons or property resulting from their facilities within the public right-of-way.							
APPROVED BY: DATE:							
(Department of Public Works)							



WORK

AHEAD

Lane closure detail for barrier wall installation and removal.

Sidewalk relocation with barrier wall and ADA pedestrian barricades to be installed after this work.



START DATE & TIME

DURATION:

GENERAL NOTES:
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

SIGN SYMBOL 42" DELINEATOR CONE CHANNELIZER DRUM TYPE III BARRICADE ➡ DIRECTION OF TRAFFIC

Project Name Project Number Prime Contractor Traffic Control Contractor Warning Lites of Appleton, Inc. **Boldt Companies** 920-725-0757 08/06/2023 Prepared By

Lance G Mauel

CITY OF APPLETON





START DATE & TIME

DURATION:

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ADA pedestrian barricades SIGN SYMBOL ■ 42" DELINEATOR CONE CHANNELIZER DRUM TYPE III BARRICADE ➡ DIRECTION OF TRAFFIC

CITY OF APPLETON						
Project Name City Center Plaza		Project Number N/A				
Prime Contractor Boldt Companies		Traffic Control Contractor Warning Lites of Appleton, Inc.				
Phone 920-725-0757	Sheet Number 2	Date 08/06/2023				
Prepared By	Lance G Maue	·l				

BOLDCAP-01

SSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2023

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).

	nis certificate does not confer rights to							require air endorsemen	L. A 3	atement on
PRO	DUCER				CONTA NAME:	ст Shari Sn	nith			
Rob	ertson Ryan - Milwaukee East Kilbourn Avenue, Suite 850				PHONE (A/C, No, Ext): (414) 221-0362 362 FAX (A/C, No): (414) 271-0196					
	vaukee, WI 53202				E-MAIL ADDRE	ss: ssmith@	robertsonr	yan.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURER A : SENTRY INSURANCE COMPANY				24988		
INSURED Boldt Capital LLC				INSURER B:						
				INSURER C:						
	1110 N. Dr. Martin Luther Kir	ng Jr	. Dri	ve, STE 610	INSURER D:					
	Milwaukee, WI 53203				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POL I C	CT OR OTHEF IES DESCRIE	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
INSR LTR			SUBR		DLLINI	POLICY EFF (MM/DD/YYYY)		LIMIT	<u> </u>	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIOT NUMBER		(MIM/UU/YYYY)	(MIM/UU/YYYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		A0084899002		7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	,	500,000
		^						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							THOUSE OF COMMITTEE THE	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X		A0084899003		7/1/2023	7/1/2024	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 0							DED LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL City of Appleton, Wisconsin; Additiona	ES (/	ACORE ured/) 101, Additional Remarks Schedu Primary & Non-Contributo	le, may b	e attached if mor	e space is requir •	ed)		
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CE	DTIFICATE HOLDED				CANG	CELL ATION				
CE	RTIFICATE HOLDER				CANC	CELLATION				
City of Appleton 100 N. Appleton St. Appleton, WI 54911					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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