



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: _____
 Effective Date: _____
 Expiration Date: _____
 Fee: _____
 Paid (yes or no): _____

Rev. 04-10-15

Applicant Information

Name (print): Ethan Fett Company: Blue Sky Contractors, LLC
 Address: 2300 W. Everett St. Telephone: 920-733-1250 FAX: 920-733-1256
Appleton WI 54914 e-mail: ethan@builditblue.net
 Applicant Signature: *Ethan Fett* Date: 9.28.21

Occupancy Information

General Description: 318 W. College Ave. Project-Alley in Back
Tower crane 10.7.2021, close alley west edge of Evans Title "alley closed signs" east side of Sakura.
 Street Address: _____ Tax Key No.: 312024300
 - or -
 Street: _____ From: October 7, 2021 (7am) To: October 7, 2021 (2pm)
 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 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 type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	<input type="checkbox"/> Obstruction / Other	

Additional Requirements

Plan/Sketch Certificate of Insurance Bond
 Other: _____

Traffic Control Requirements N/A

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: _____

Type of Street: Arterial/CBD Collector Local
 Proposed Traffic Control: City Manual Page(s) State Manual Page(s) Other (attach plan)
 Approved by: _____ Date: _____

- 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: _____ DATE: _____
 (Department of Public Works)



BLUESKY-01

KBLUMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2021

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 Truymen Haase Zahn Ins Group 6064 Richmond St Appleton, WI 54913	CONTACT NAME:	
	PHONE (A/C, No, Ext): (920) 730-0123	FAX (A/C, No): (920) 833-6870
	E-MAIL ADDRESS: info@thzins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance	12572
INSURED Blue Sky Contractors LLC and Zeitgeist Development LLC 2300 W Everett St Appleton, WI 54914-4748	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			S 2240638	9/25/2021	9/25/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2240638	9/25/2021	9/25/2022	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2240638	9/25/2021	9/25/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC 9038481	9/25/2021	9/25/2022	<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
A	Leased/Rented Equip			S 2240638	9/25/2021	9/25/2022	\$500 ded 100,000

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, 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 City Of Appleton 100 N. Appleton Street Appleton, WI 54911	CANCELLATION 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



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

Step 3: Confirmation and Receipt

Result: Payment Authorized
Confirmation Number: 101035518

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

Customer Information

First Name: JaTame
Last Name: Schabo
Address Line 1: 2300 W. Everett St.
Address Line 2:
City: Appleton
State: Wisconsin
Zip Code: 54914
Phone Number: 920-733-1250
Email Address: jatame@bullditblue.net

Subtotal:	\$40.00
Convenience Fee:	\$1.50
Total Payment:	\$41.50

Payment Information

Payment Date: 09/29/2021
Card Type: Visa
Card Number: *****4588

Print

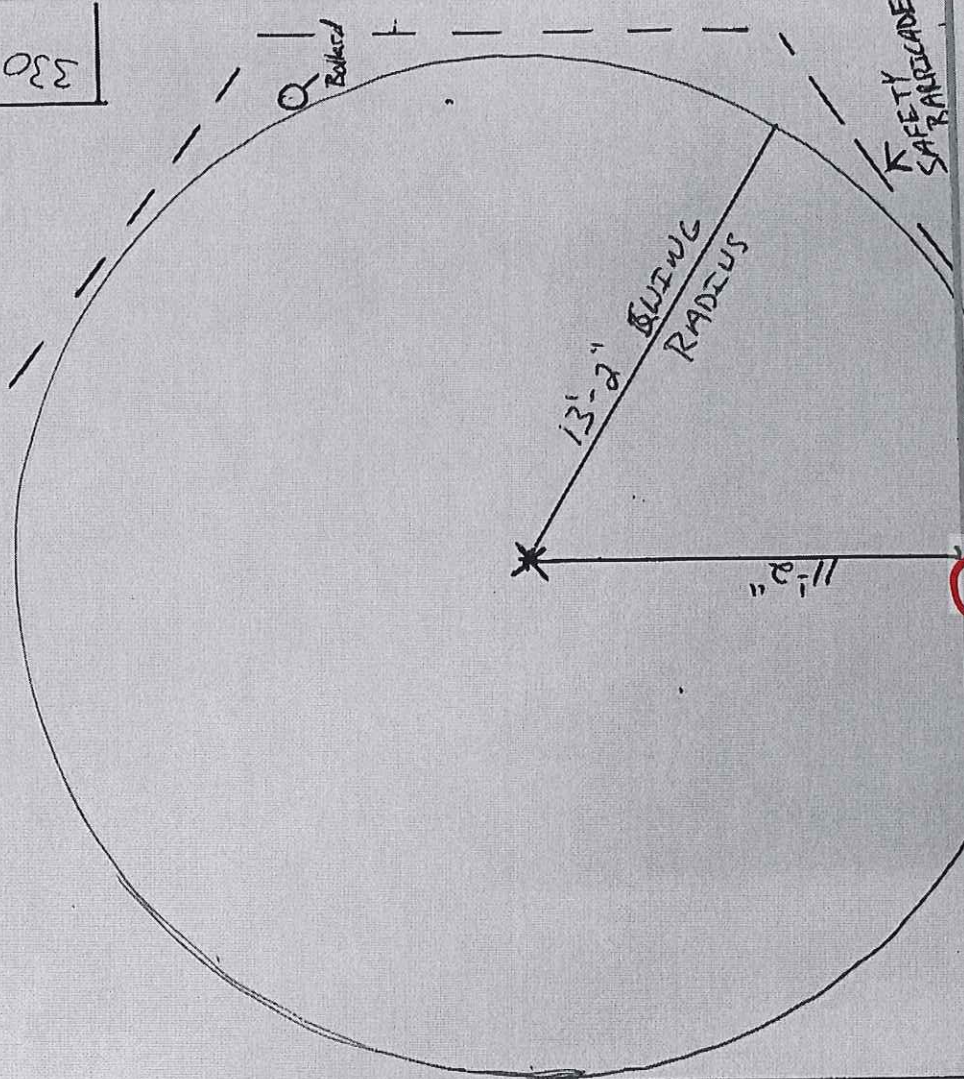
Finished

322 W. COLLEGE

330 W. COLLEGE

318 W COLLEGE

NORTH ALLEY

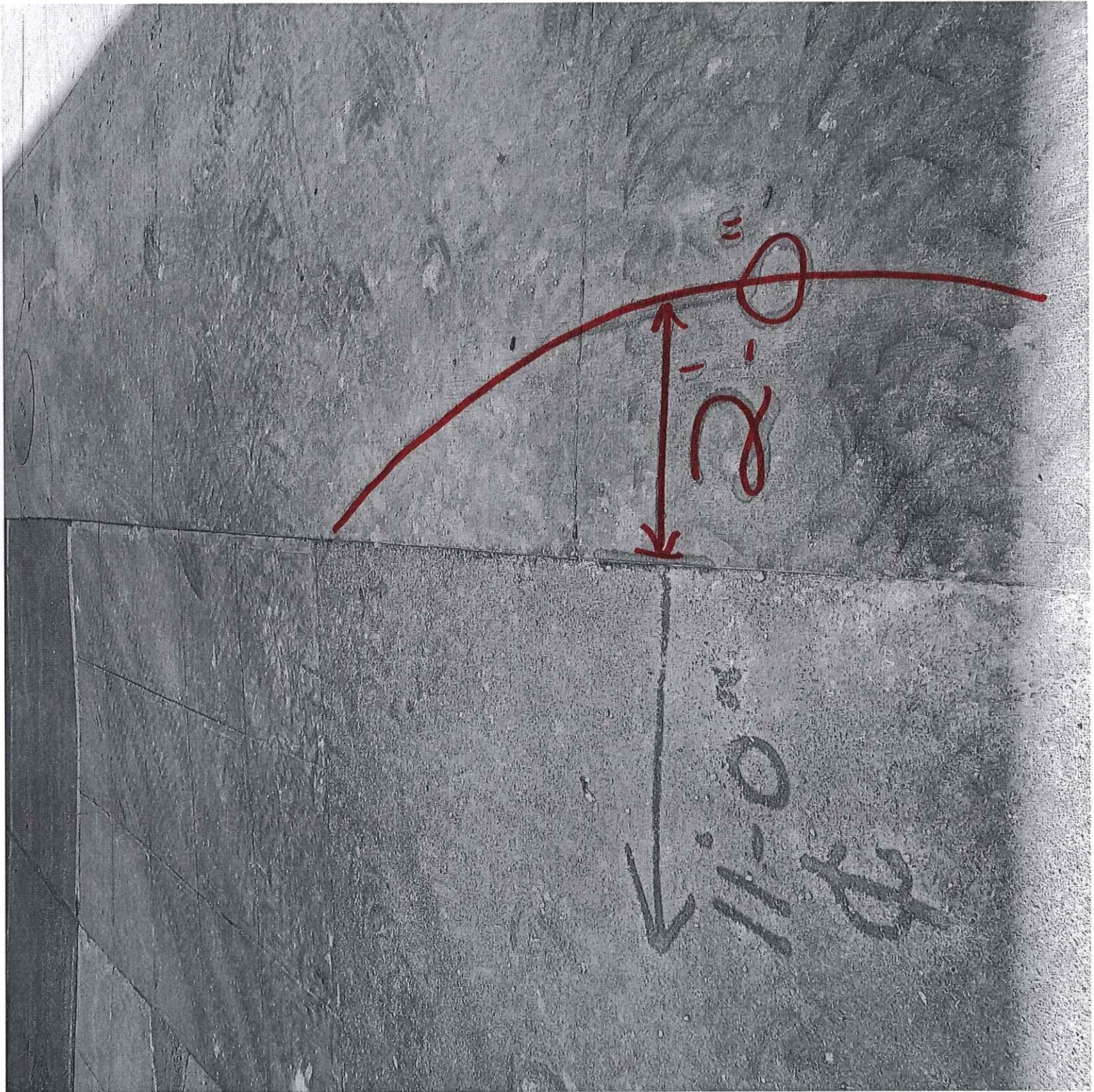


SAFETY RAILING

Bollard

2'-0"

15' approx. to curb to North





CONTRACTOR TO PROVIDE
FLAGGER TO ASSIST
DELIVERY VEHICLES
INGRESS/EGRESS FROM
ALLEY

ALLEY
CLOSED

ROAD
CLOSED

Google Earth

Owner		City of Appleton	
Project Name		Project Number	
318 W College Ave			
Prime Contractor	Traffic Control Contractor		
Blue Sky Contractors	Warning Lites of Appleton, Inc.		
Phone	Sheet Number	Date	
920-725-0757	1	09/29/2021	
Prepared By	Lance G MaueI		



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
- DRUM WITH/WITHOUT LIGHT
- TYPE III BARRICADE
- DIRECTION OF TRAFFIC



CONTRACTOR TO PROVIDE
FLAGGER TO ASSIST
DELIVERY VEHICLES
INGRESS/EGRESS FROM
ALLEY

		<p>START DATE & TIME</p>	<p>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 ACQUIRED 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>	<p>SIGN SYMBOL</p> <p> DRUM WITH/WITHOUT LIGHT</p> <p> TYPE II BARRICADE</p> <p> DIRECTION OF TRAFFIC</p>	<p>Owner City of Appleton</p>
					<p>Project Name 318 W College Ave</p> <p>Project Number</p> <p>Prime Contractor Blue Sky Contractors</p> <p>Traffic Control Contractor Warning Lites of Appleton, Inc.</p> <p>Phone 920-725-0757</p> <p>Shoot Number 2</p> <p>Date 09/29/2021</p> <p>Prepared By Lance G Mauel</p>
<p>DURATION:</p>					