*** Approved the first 35 days ***



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : 25-161-T

Effective Date: |D-|-25

Expiration Date: |12-3|-25

Non-Refundable Fee: |00591030

Paid (yes or no): 40.00

Rev. 05-2024	
Applicant Information	
Name (print): Peter Rank	Company: CopperLeaf Hotel
Address: 300 West College Avenue	Telephone: 920-749-0303
Appleton, WI 54911	E-mail: peterr@copperleafhotel.com
Applicant Signature: Peter Rank	Digitally signed by Peter Rank Date: 2025.08.07 08:22:24 -05'00' Date: 407 August 2025
Occupancy Information	
	assist with debrise from our guestrooms bathroom refurbishment project.
Description/ Placement on North Superior Stre	eet near W. Johnson Street (in bus loading zone).
Redsoll:	
Street Address: 300 West College Avenue	Sidewalk/roadway obstruction requested Y or V
Multiple Streets:	
Date(s) From: 10/1/25 To: 12/31/25	35 days or < 35 days or > (Requires Committee and Council Approval)
(Department use only)	(Neganita Committee)
Occupancy Type Sub-Type	<u>Location</u>
Permanent - Obstruction (\$40)	전에서 보고 있는 가입니다. 100mm
Temporary - Obstruction (\$40)	선생님의 경우 아니라는 동물을 가내려 하셨습니까? 이번 경우 하지만 하게 그는 것은 이 사람이 되었다면 하지만 때문에 가는 나를 사람
Amenity/Annual (\$40) Sign	Roadway
	ction / Other
Block Party (\$15)	Container
Additional Requirements	
Plan/Sketch Certificate of Insuran	nce Bond Committee and Council Approval
Other:	Date:
Control of the second s	
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)	
Local 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 m	
 Permittee shall adhere to any plan(s) that were submitted to This permit is subject to IMMEDIATE REVOCATION and/or iss 	to the City of Appleton as part of this application. Suance of a MUNCIPAL CITATION if conditions of the permit are not met.
4. This permit is subject to IMMEDIATE REVOCATION if unfavor	orable traffic conditions develop during the period the occupancy is permitted.
5. Dumpsters/PODs/Containers shall be located within 1	
6.	
permit, warranties that all street occupancies will be performed in conformity to manner. By applying for and accepting this permit, the applicant assumes full li-	pressly limited to the location and type described herein. The applicant, in exchange for receiving this of City ordinances, standards and policies, be properly barricaded and lighted, and be performed in a safe liability and/or any costs incurred by the City for corrective work required to bring the subject area into o occupancy shall occur prior to approval of this permit by the Department of Public Works.
or any sub-contractor working for them. The Grantee shall assume complete ar or damage to persons or property resulting from their facilities within the public r	vement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee and full liability and responsibility, in accordance with existing ordinances and policies, in the event of injury right-of-way.
APPROVED BY: Mark Lahay/ CS	DATE: 8/7/25
(Department of Public V	



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: Place Dumpster in Public	c Right of vvay
Insurance Coverage Details (if applicable):	
Insurance Carrier: Secura Insurance	
 Insurance Agent Name and Phone Number 	er: Brian Reimer 920.886.3437
 Policy Number: CP3186651 	
 Policy Period: 12/31/2024 to 12/31/2025 	8
I confirm that I have the authority to sign are permittee/licensee or duly authorized representation	nd certify the information contained herein as the ve of the entity obtaining this permit/license.
I, or the company I represent, have insurance in the have provided the name of my insurance carried. Further, I agree to: 1. Maintain appropriate insurance coverage for 2. Indemnify against any and all liability, loss arising out of the activities performed as desired.	s, damage, and expenses, including attorney fees, escribed herein, caused in whole or in part by any
	or anyone directly or indirectly employed by them, of-way or property under this permit or license.
I certify that this application, and all information	on and documentation provided therein,
is true and accurate.	
	Peter Rank
Name of Applicant/Organization	Print Name
Address	Signature
Email Address	Date

