



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : **25-059-T**Effective Date: **5/19/25**Expiration Date: **10/17/25 6/23/25**Non-Refundable Fee: **40.00**Paid (yes or no): **176006196**

Rev. 05-2024

Applicant InformationName (print): Cole Van LankveltCompany: Scott Lamers ConstructionAddress: W4527 County Hwy KK, Kaukauna, WI 54130Telephone: 920-759-9775E-mail: colev@scottlamers.comApplicant Signature: *Cole Van Lankvelt*Date: 5/12/25**Occupancy Information**General Description/Reason: Occupy Sidewalk during Lundgaard Park phase 2 construction projectStreet Address: 4900 N Lightning Dr, Appleton, WI 54913Sidewalk/roadway obstruction requested ☒ Y or ☐ N

- or -

Multiple Streets: _____

Date(s) From: 5/19/25To: 10/17/2535 days or < ☐ 35 days or > ☒

(Requires Committee and Council Approval)

(Department use only)

Occupancy Type

- ☐ Permanent - Obstruction (\$40)
☒ Temporary - Obstruction (\$40)
☐ Amenity/Annual (\$40)
☐ Blanket/Annual (\$250)
☐ Block Party (\$15)

Sub-Type

- ☐ Awning
☐ Dumpster
☐ Sign
☒ Obstruction / Other
☒ POD / Container

Location

- ☒ Sidewalk
☐ Terrace
☐ Roadway

Additional Requirements☒ Plan/Sketch☒ Certificate of Insurance☐ Bond

Committee and Council Approval

☐ Other : _____

Date: _____

Traffic Control Requirements☐ N/A

Type of Street:

- ☐ Arterial/CBD
☐ Collector
☐ Local

Proposed Traffic Control:

- ☐ City Manual Page(s) _____
☐ State Manual Page(s) _____
☐ Other (attach plan)

☐ 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:

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. **Dumpsters/PODs/Containers shall be located within 12" of face of curb.**
- 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: Mark Lahay/ CS

(Department of Public Works)

DATE: 05/12/25



SEVEOAK-07

ATROTTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2025

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 License # 100290819 Hub International Midwest West 251 Progress Way Suite 300 Waunakee, WI 53597	CONTACT NAME: PHONE (A/C, No, Ext): (608) 849-6873 FAX (A/C, No): (608) 849-6871 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Society Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 15261
INSURED Seven Oaks HD, LLC Scott Lamers Construction LLC W229 County Road ZZ Kaukauna, WI 54130	

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 checked="" type="checkbox"/> LOC OTHER:			CP10057031	2/11/2025	2/11/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA10057033	2/11/2025	2/11/2026	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 <input checked="" type="checkbox"/> RETENTION \$ 0			CU10057034	2/11/2025	2/11/2026	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 If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC10057032	2/11/2025	2/11/2026	<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)
The City of Appleton, and its officers, council members, agents, employees and authorized volunteers are listed as additional insured on the general liability on a primary and non-contributory with ongoing and completed operations when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

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. AUTHORIZED REPRESENTATIVE
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