

PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: Effective Date: 11/10/25 Expiration Date: 4/30/26 Non-Refundable Fee: #185549576

Paid (yes or no): yes \$40.00

Note: DPW anticipates intial approval to be issued administratively for first 35 days (through 12/16/2025)

	d accessed tion of College Ave up	nit condtions that apply through 4/30/2025 related to Traffic Cont			
Applicant Informa	id accomodation of College Ave us	ers			
Name (print): Chuck	Huss	Company: Hoffman Planning Design & Construction			
Address: 122 E	. College Ave. Suite 1G	Telephone: 920-225-9909			
Applet	ton WI 54911	E-mail: chuss@hoffman.net			
Applicant Signature	: Chille	Date: 11/5/25			
O Treform					
Occupancy Inform		the construction and dumnster site for construction debris.			
General We will Description/	Il be using this area for staging for t	the construction and dumpster site for construction debris.			
Reason:	O-U Arra Appleton M/I E4011	Sidewalk/roadway obstruction requested ✓ Y or N			
	College Ave, Appleton WI 54911	Sidewalk/roadway obstruction requested , or			
- or- Multiple Streets:					
Date(s) From: 11/10/25 To: 4/30/26 35 days or < 35 days or > 1/2 (Requires Committee and Council Approval)					
(Department use on	ly).				
Occupancy Type		Location			
Permanent - Obs	[18] [18] [18] [18] [18] [18] [18] [18]	Sandwich Board Sidewalk			
Temporary - Obs	[20] [20] [20] [20] [20] [20] [20] [20]	Tables/Chairs Terrace			
Amenity/Annual		Roadway			
Blanket/Annual (
Block Party (\$15)	POD / Contai	iner			
Additional Require	ements				
Plan/Sketch	Certificate of Insurance	Bond Committee and Council Approval			
Other:		Date:			
THE RESERVE OF THE PROPERTY OF		and the composition (0000 0000 0000 1 business day prior to			
Traffic Control Rec	er 인상에 있는 경우 2012년 전 10 12 12 12 12 12 12 12 12 12 12 12 12 12	Contact Traffic Division (920-832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.			
Type of Street: PI	roposed Traffic Control:	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:			
Type of Street: Arterial/CBD	City Manual Page(s)	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL			
Type of Street: Arterial/CBD Collector	City Manual Page(s) State Manual Page(s)	any lane closure, or 2 business days prior to a full road closure. Additional Requirements:			
Type of Street: Arterial/CBD Collector Local	City Manual Page(s) State Manual Page(s) Other (attach plan)	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL			
Type of Street: Arterial/CBD Collector Local Approved by:	City Manual Page(s) State Manual Page(s) Other (attach plan) Date:	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL			
Type of Street: Arterial/CBD Collector Local Approved by: This permit approval is subjective.	City Manual Page(s) State Manual Page(s) Other (attach plan) Date:	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS			
Type of Street: Arterial/CBD Collector Local Approved by: This permit approval is subject to the subject t	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: oct to the following conditions: ole to obtain any further permits that may be e to any plan(s) that were submitted to the Ci	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application.			
Type of Street: Arterial/CBD Collector Local Approved by: This permit approval is subject Proved by: 1. Permittee is responsible 2. Permittee shall adhered 3. This permit is subject	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ole to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met.			
Arterial/CBD Collector Local Approved by: This permit approval is subjected. Permittee is responsible 2. Permittee shall adhered. This permit is subjected. This permit is subjected.	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ble to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance to IMMEDIATE REVOCATION if unfavorable tr	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met. raffic conditions develop during the period the occupancy is permitted.			
Type of Street: Arterial/CBD Collector Local Approved by: This permit approval is subject Permittee is responsible to the subject This permit is subject This permit is subject This permit is subject This permit is subject	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ole to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met. raffic conditions develop during the period the occupancy is permitted.			
Arterial/CBD Collector Local Approved by: This permit approval is subject Permittee is responsible and the subject This permit is issued to the appropriate warranties that all street manner. By applying for and account of the subject of	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ole to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance to IMMEDIATE REVOCATION if unfavorable the Containers shall be located within 12" of a cocupancies will be performed in conformity to City ordinates this permit, the applicant assumes full liability and company this permit, the applicant assumes full liability and containers.	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met. raffic conditions develop during the period the occupancy is permitted.			
Arterial/CBD Collector Local Approved by: This permit approval is subject Permittee is responsible Permittee shall adhered This permit is subject This permit is subject This permit is subject This permit is subject This permit is issued to the appropermit, warranties that all street manner. By applying for and accompliance with said ordinance. The Grantee shall guarantee at or any sub-contractor working for	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ble to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance to IMMEDIATE REVOCATION if unfavorable the Containers shall be located within 12" of a cocupancies will be performed in conformity to City ordinates, standards, policies and permit conditions. No occupant their expense, the repair or replacement of pavement, standards.	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met. raffic conditions develop during the period the occupancy is permitted. face of curb. mited to the location and type described herein. The applicant, in exchange for receiving this inances, standards and policies, be properly barricaded and lighted, and be performed in a safe ind/or any costs incurred by the City for corrective work required to bring the subject area into necy shall occur prior to approval of this permit by the Department of Public Works. idewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee ability and responsibility, in accordance with existing ordinances and policies, in the event of injury			
Arterial/CBD Collector Local Approved by: This permit approval is subject Permittee is responsible Permittee shall adhered This permit is subject This permit is subject This permit is subject This permit is subject This permit is issued to the appropermit, warranties that all street manner. By applying for and accompliance with said ordinance. The Grantee shall guarantee at or any sub-contractor working for	City Manual Page(s) State Manual Page(s) Other (attach plan) Date: ect to the following conditions: ble to obtain any further permits that may be e to any plan(s) that were submitted to the Cito IMMEDIATE REVOCATION and/or issuance to IMMEDIATE REVOCATION if unfavorable the Containers shall be located within 12" of cocupancies will be performed in conformity to City ordinate the containers of the permit fee and is expressly limit occupancies will be performed in conformity to City ordinate their expense, the repair or replacement of pavement, soor them. The Grantee shall assume complete and full lia	any lane closure, or 2 business days prior to a full road closure. Additional Requirements: PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS required as part of this occupancy. ity of Appleton as part of this application. of a MUNCIPAL CITATION if conditions of the permit are not met. raffic conditions develop during the period the occupancy is permitted. face of curb. mited to the location and type described herein. The applicant, in exchange for receiving this inances, standards and policies, be properly barricaded and lighted, and be performed in a safe ind/or any costs incurred by the City for corrective work required to bring the subject area into necy shall occur prior to approval of this permit by the Department of Public Works. idewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee ability and responsibility, in accordance with existing ordinances and policies, in the event of injury			

REMOVE BAGS EVERY WEEKEND *NO METERS THANKSGIVING WEEK* FIRST 15 DAYS APPROVED PER CITY ENGINEER



PARKING METER BAG APPLICATION

Effective Date: 11/3/25 11/10/25

Expiration Date: 4/30/26

Non-Refundable Fee: 184911589

Paid (yes or no): No YES

Rev. 09-2024

NOTE: Fee is \$9.00 per day plus tax and is non-refundable.

THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED.

(excluding Sundays and City of Appleton Observed Helidays)

(excluding Sundays and	City of Appleton Observed Holidays)				
APPLICANT INFORMATION					
Company Name: Hoffman Planning Design & Cons	st. Agent: Chuck Huss				
Address: 122E College Ave	Telephone: 920-225-9909				
Appleton WI 54911	Email: chuss@hoffman.net				
Applicant Signature:	Date: 10/15/25				
OCCUPANCY INFORMATION					
Reason: First 5 Fox Valley Rem	nodel				
Location: 111 W College Ave Appleton WI 54911					
Meter Zone & Space#: 13/3, 139, C 11/10/25 11/03/25 TO 4/30/26 Date(s):	AW 111				
(Office use only)					
Amount Due: \$\frac{\$427.28}{#18491158} Receipt#:	APPROVAL FROM MSC & COUNCIL:				
Initials: RT					
This request is subject to the following conditions:					
 Requests shall be evaluated by the City Engineer or designed. Applicants shall seek side street alternatives when possible. No meter bag fees will be charged for City Sponsored Speci. Week Vehicle Display). 	ial Events (Memorial Day Parade, Flag Day Parade, Christmas Parade, Police onsored events must be approved in advance by Committee and Council.				
APPROVED BY: Mark Lahay/RT	DATE: 10/28/25				
(Department of Public W	/orks)				



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: Construction				
Insur	ance Coverage Details (if applicable):			
•	Insurance Carrier: The Continental Insurance Company			
	Insurance Agent Name and Phone Number: James Kraker 612-205-3993			
•	Policy Number: 7011816017			
•	Policy Period: 12/31/2024 - 12/31/2025			
Loon	firm that I have the authority to sign and certify the information contained herein as th			

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 requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license and have provided the name of my insurance carrier, the policy number, and the policy period above. Further, I agree to:

- 1. Maintain appropriate insurance coverage for the duration of this permit/license.
- 2. Indemnify against any and all liability, loss, damage, and expenses, including attorney 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 or anyone directly or indirectly employed by 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.

Hoffman Planning, Design & Construction, Inc.	Greg Gerbers	
Name of Applicant/Organization	Print Name	
122 E. College Avenue, Suite 1G, Appleton, WI 54911	Greg Gerbers	Solully styrid by Ong Centers Dit. On Month Parks by Daily & Gesthator, Pa., CH-Gog Octors, E-gyptors@valinan.vol. Resport in the active Of the decement Dail COS 88.19 46.974.6600 Park DE Bill Of White 10.00.
Address	Signature	
ggerbers@hoffman.net	3/12/25	
Email Address	Date	