

PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: _____
 Effective Date: 5/12/23
 Expiration Date: _____
 Fee: 40.00
 Paid (yes or no): yes

Rev. 04-10-15

Applicant Information

Name (print): Lee Robbert Company: KJL Properties
 Address: 2601 W. Second St. Telephone: 920-954-0466 FAX: 920-954-9158
Appleton, WI 54914 e-mail: lrobbert@pelletamerica.com
 Applicant Signature: [Signature] Date: 5-11-23

Occupancy Information

General Description: Warehousing, Tenents Recycling, move dock down
 Street Address: 1843 W. Reeve St. Appleton, WI 54914 Tax Key No.: 315146202
 Street: _____ From: _____ To: _____
 Multiple Streets: _____

(Department use only)

Occupancy Type	Sub-Type	Location
<input checked="" 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 checked="" type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	<input checked="" 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.

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

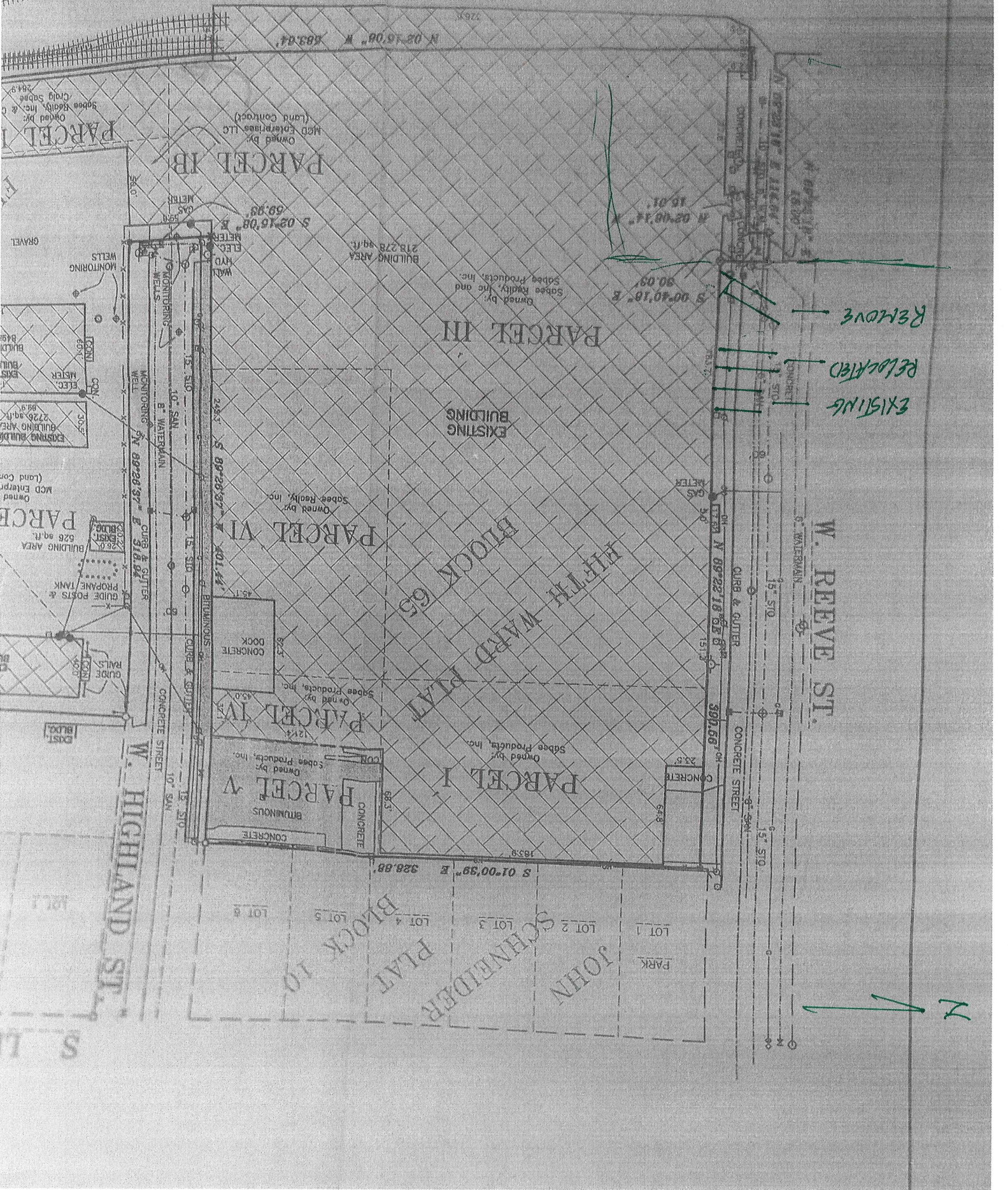
- This permit approval is subject to the following conditions:
1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy.
 2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
 3. This permit is 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)

CANADIAN NATIONAL R



EXISTING
 RELOCATED
 REMOVE

W. REEVE ST.

W. HIGHLAND ST.

JOHN SCHNIEDER PLAT
 BLOCK 10
 LOT 1
 LOT 2
 LOT 3
 LOT 4
 LOT 5
 LOT 6

