



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: - -
Effective Date:
Expiration Date:
Fee: \$40.00
Paid (yes or no): Yes/7097-0001

Rev. 04-10-15

Applicant Information

Name (print): Kolby Knuth Company: The 513 Appleton LLC
Address: 513 W. College Ave Telephone: 9202096626 FAX:
Appleton, WI 54911 e-mail: kolby.knuth@gmail.com
Applicant Signature: [Signature] Date: 07/02/2024

Occupancy Information

General Description: Installation of five exterior sconce lights that will protrude 5 inches from the existing facade on the College Avenue side of the building, approximately 11 ft above ground level.
Street Address: 513 W. College Ave, Appleton, WI 54911 Tax Key No.: 31-3-1005-00
Street: From: To:
Multiple Streets:

(Department use only)

Table with columns: Occupancy Type, Sub-Type, Location. Includes checkboxes for Permanent, Temporary, Amenity, Blanket, Block Party, Sandwich Board, Tables/Chairs, Dumpster, POD/Container, Obstruction/Other, Sidewalk, Terrace, Roadway.

Additional Requirements

[X] Plan/Sketch [X] Certificate of Insurance [] Bond
[] Other:

Traffic Control Requirements

Type of Street: [] Arterial/CBD [] Collector [] Local
Proposed Traffic Control: [] City Manual Page(s) [] State Manual Page(s) [] Other (attach plan)
[] N/A [X] 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:

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 property barricaded and lighted, and be performed in a safe manner.

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.

APPROVED BY: (Department of Public Works) DATE:



New
Fixtures

guaranteed Rate

BAR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/9/2024

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 The McClone Agency, Inc. PO Box 389 Menasha WI 54952	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 800-236-1034 FAX (A/C, No): 920-725-3233 E-MAIL ADDRESS: certificate@mcclone.com	
	INSURER(S) AFFORDING COVERAGE	
License#: 100197861 513APPL-01		NAIC # 22543
INSURED The 513 Appleton LLC 513 W College Ave Appleton WI 54911	INSURER A : SECURA Insurance Company	
	INSURER B : SFM-State Fund Mutual	
	INSURER C :	
	INSURER D :	
INSURER E :		11347
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 2004217422


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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CP3374909	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CP3374909	10/1/2023	10/1/2024	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 \$ 10,000			CU3374910	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	N / A	155233.202	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Appleton is Additional Insured with respect to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Appleton 100 North Appleton Street 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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Insurance and Bond Coverage:

Insurance Carrier: Secura Insurance

Insurance Agent Name and Phone Number: The McClone Agency Inc. - 800-236-1034

Policy Number: CP3374909

Policy Period: 10/01/2023 - 10/1/2024

* Bond Carrier: _____

* Bond Agent Name and Phone Number: _____

* Bond Number: _____

* Bond Period: _____

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 and bonding requirements of the City of Appleton. I hereby certify that I, or the company I represent have insurance and a bond in the amounts required to obtain this permit/license. I have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance and bond carriers, the policy numbers and policy periods above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify against any and all liability, loss, damage and expenses and costs including attorneys' 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, anyone directly or indirectly employed by any of 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.

Company Name: The 513 Appleton LLC & Bela Development LLC

Print Name: Kolby Knuth

Signature: 

Date: 07/09/2024

** Bonds are required for the following types of work only:*

- *Plumbing in the public right-of-way: \$5,000.00 Performance Bond (Code Section 4-265)*
- *Sewer lateral sealing in the public right-of-way: \$5,000.00 Performance Bond (Code Section 4-188(c))*
- *Moving of Buildings: \$2,000.00 Performance Bond (Code Section 4-207(5))*
- *Cement Finisher's License: \$2,000.00 Performance Bond (Municipal Code Section 9-33)*