

**City of Appleton**  
**100 North Appleton Street, Appleton WI 54911**  
**Phone: (920) 832-6411 Fax: (920) 832-6464**

Permit No.: \_\_\_\_\_  
Key No.: 31-2-0315-00  
Receipt No.: 189540082  
Date: \_\_\_\_\_

## SIGN PERMIT

A separate permit is required for each proposed sign.

Site Address: 208 E College Ave  
Business Name: Tennies Jewelry  
Zoning District: CBD

Single Tenant

Multi- Tenant

Estimated Cost: \$2,900.00

Type of Sign		
<input type="checkbox"/> Ground Sign	<input checked="" type="checkbox"/> Awning Sign	<input type="checkbox"/> Changeable Copy Sign (No animation)
<input type="checkbox"/> Wall Mounted Sign	<input type="checkbox"/> Temporary Sign (Sandwich, Etc.)	<input type="checkbox"/> Painted Wall Sign
<input type="checkbox"/> Projecting Sign	<input type="checkbox"/> Canopy Sign	<input type="checkbox"/> Other _____
<input type="checkbox"/> Window Sign	<input type="checkbox"/> Portable Sign	

Dimensions/Other Information	
Width of Sign: 23'-0"	Height of Sign: 4'-0"
Height Above Normal Grade: 6'-0"	Underclearance: 116 in /9.5ft
Projecting into ROW: 5'-0"	Distance to Side Lot Line (5' Min):
Setback from R-O-W: 6'-0"	Setback from Driveway:
Design Exception (Sec. 23-529):	Material: Sunbrella - Black

Wall Sign Details (Wall/Painted Signs Only)					
	Proposed Size Width x Height (ft)	Proposed Area of Sign (sq. ft.)	Existing Size Width x Height (ft)	Existing Area of Sign (sq. ft.)	Area of Entire Wall
Wall North	X		X		
Wall East	X		X		
Wall West	X		X		
Wall South	23 x 3	69 sq ft	X		>1,000

Electrical Information of Sign					
<input type="checkbox"/> Internal	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> LED	<input type="checkbox"/> Message Center		
<input type="checkbox"/> External	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Electronic	<input type="checkbox"/> Neon		

<b>UL Design No:</b>	<b>Electrical Contractor:</b>
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Office Information	
BZA Variance Date:	Street Occupancy Permit No.:

Sign Contractor	Contractor Address	Contractor Phone	Contractor Email
Toby Hegner	2840 Bradley Street, Oshkosh, WI 54902	9202904523	toby@otainc.com

Applicant hereby agrees to comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the City of Appleton. Applicant further agrees in consideration of the issuance of the permit to save the City of Appleton harmless for any injury or damage caused by reason of the erection or maintenance of the sign or signboard. If any sign erected pursuant to the permit occupies public street right-of-way, it is subject to all of the provisions of Wis. State. 60.045, but without charge or bond. This permit as applied for is granted subject to revocation when any law or regulation of the State of Wisconsin or the Ordinance of the City of Appleton is violated or when inspection reveals that the sign or signboard creates a hazard.

Name of Applicant: <u>Toby Hegner</u>	Phone: <u>9202904523</u>
Address: <u>2840 Bradley Street, Oshkosh, WI 54902</u>	Inspector Approval: _____

By checking this box, I confirm this as signature and have owner's permission. I also agree that this permit is not valid until an approved permit is e-mailed back to me.



**PERMIT TO OCCUPY  
THE  
PUBLIC RIGHT-OF-WAY**

Permit #:

Effective Date:

Expiration Date:

Non-Refundable Fee: N/A - INC. WITH SIGN PERMITPaid (yes or no): 189540082

Rev. 05-2024

**Applicant Information**

Name (print): Rebecca Juarez  
 Address: 208 E College Ave  
Appleton WI 54911  
 Applicant Signature: Rebecca Juarez

Company: Tennies Jewelry  
 Telephone: 920-734-1858  
 E-mail: beckytennies@gmail.com  
 Date: 1/10/26

**Occupancy Information**

General Description/  
Reason:

NEW AWNING, OURS IS OLD AND DAMAGED

PREEXISTING AWNING PRIOR TO 2007.

Street Address: 208 E College Ave

Sidewalk/roadway obstruction requested  Y or  N

- or -

Multiple Streets: \_\_\_\_\_

Date(s) From: \_\_\_\_\_ To: \_\_\_\_\_

35 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  
 Other: \_\_\_\_\_

STATEMENT +  
 Certificate of Insurance

Bond

Committee and Council Approval

Date: \_\_\_\_\_

**Traffic Control Requirements**

N/A

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:

OCCUPY PERMIT 26-007-T FOR REPLACE

Type of Street: Proposed Traffic Control:

<input type="checkbox"/> Arterial/CBD	<input type="checkbox"/> City Manual Page(s)	_____
<input type="checkbox"/> Collector	<input type="checkbox"/> State Manual Page(s)	_____
<input type="checkbox"/> Local	<input type="checkbox"/> 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. 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: \_\_\_\_\_

(Department of Public Works)

DATE: \_\_\_\_\_



DEPARTMENT OF  
**PUBLIC  
WORKS**

**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:** New Awning

**Insurance Coverage Details (if applicable):**

- Insurance Carrier: Federated
- Insurance Agent Name and Phone Number: Alec Roehrig
- Policy Number: 1860235
- Policy Period: 9/1/2025 - 9/1/2026

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.

Tennies, Jewell  
Name of Applicant/Organization  
205 E College Ave Appleton  
Address WI 54911  
becky.tennies@gmail.com  
Email Address

Rebecca Tuckles  
Print Name  
Rebecca Tuckles  
Signature  
11/1/2025  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2026

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER
	PHONE (A/C, No, Ext): 888-333-4949
INSURED TENNIE'S JEWELRY, INC. 208 E COLLEGE AVE APPLETON, WI 54911-5713	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
	INSURERS AFFORDING COVERAGE
INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGEs

CERTIFICATE NUMBER: 5

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	6172958	09/01/2025	09/01/2026	EACH OCCURRENCE	\$1,000,000	
	BUSINESS OWNER'S LIABILITY						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$5,000	
	OTHER:						PERSONAL & ADV INJURY	\$1,000,000	
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1840321	09/01/2025	09/01/2026	GENERAL AGGREGATE	\$2,000,000	
	PRODUCTS & COMP/OP ACC						\$2,000,000		
	COMBINED SINGLE LIMIT (Ex a accident)						\$1,000,000		
	BODILY INJURY (Per Person)								
A	UMBRELLA LIAB  EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	N	N	1840323	09/01/2025	09/01/2026	EACH OCCURRENCE	\$2,000,000	
	DED <input type="checkbox"/> RETENTION						AGGREGATE	\$2,000,000	
	X PER STATUTE <input checked="" type="checkbox"/> OTHER								
	E.L EACH ACCIDENT						\$500,000		
A	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	N/A	N	1860235	09/01/2025	09/01/2026	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)

## CERTIFICATE HOLDER

CITY OF APPLETON  
100 N APPLETON ST  
APPLETON, WI 54911-4702

## CANCELLATION

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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



## **Laura Jungwirth**

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**From:** Toby Hegner <toby@otainc.com>  
**Sent:** Wednesday, January 14, 2026 12:06 PM  
**To:** Victoria L. Drehmel; Laura Jungwirth  
**Subject:** RE: Awning Over Sidewalk- 208 E College Ave Tennies Jewelry

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning, Victoria, and Laura,

Yes, we intend to take the canopy down, and recover the frame with a new cover, and lettering. We intend to use ladders for this process.

I would like this to go to the board for approval, as we are unable to move this canopy to the 10' requirement due to a structural canopy (built into the structure) and a sign attached to that canopy as well.

I am hoping board will approve this canopy to stay at the height that it is at, this would make everyone's life a little easier, while providing Tennies a new and better look for the front of their business.

Thank you, and God Bless!

**Toby Hegner**

Oshkosh Tent and Awning C...  
CEO - Director of Sales

(920) 235-3170 Work  
(920) 290-4523 Mobile  
[toby@otainc.com](mailto:toby@otainc.com)  
[www.otainc.com](http://www.otainc.com)

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**From:** Victoria L. Drehmel <Victoria.Drehmel@AppletonWI.gov>

**Sent:** Tuesday, January 13, 2026 8:50 AM

**To:** Laura Jungwirth <Laura.Jungwirth@AppletonWI.gov>; Toby Hegner <toby@otainc.com>

**Subject:** Awning Over Sidewalk- 208 E College Ave Tennies Jewelry

Hello Toby,

We have received the required documents to assemble the (attached) packet for the Committee and Council review. Please review the below case details and "respond all" to this email to notify Laura Jungwirth, director of Public Works, of your intent to replace the sign/awning for a preexisting nonconforming awning over the College Ave's sidewalk.

Case details-

**Parcel Info for 31-2-0315-00**

**Parcel Information**

<b>ADDRESS:</b>	208 E COLLEGE AVE
<b>BLDING UNIT #:</b>	#2
<b>CLASS:</b>	COMMERCIAL
<b>Owner</b>	
<b>NAME:</b>	TENNIE'S JEWELRY PROPE,
<b>ADDRESS:</b>	208 E COLLEGE AVE
<b>CITY/STATE:</b>	APPLETON WI
<b>ZIP CODE:</b>	54911
<b>Misc Information</b>	
<b>ZONING:</b>	CBD

Pre-existing awning- both a hard surface overhang and vinyl cover, have been in same location since prior to 2007. No record of sign or occupy permit was found.

Existing canopy projects 5ft over sidewalk.

Existing height varies but mainly at 116in above grade (9ft 8in) with an 8in drop for a small lighted name sign.

Estimated 15ft from assumed lot line to curb.

No posts obstructing sidewalk.

Is behind a streetlight.

Due to age and wear, owner is replacing the vinyl cover, no structural dimensional changes to be made.



Regards,

**Vicki**

**Victoria Drehmel**

Code Compliance Inspector

City of Appleton, Department of Community Development

100 N. Appleton Street, Appleton, WI 54911

O: 920-832-5887 | [victoria.drehmel@appletonwi.gov](mailto:victoria.drehmel@appletonwi.gov)

[Facebook](#) | [Appletonwi.gov](#)



DEPARTMENT OF  
**COMMUNITY  
DEVELOPMENT**