PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Sec. 16-121.(b) Work done without a permit.
The fee for failure to obtain a permit is four times the permit fee.

REV. 01/2026

Permit # : 26-144-T
Effective Date: 8/14/26
Expiration Date: 12/1/26
Non-Refundable Fee: $40-
Receipt # #20236880

Applicant Information

Name (Print): Peter Rank
Company: Copperleaf Hotel
Address: 300 W. College Ave.
E-mail: [redacted]
City,State, Zip: Appleton, WI 54911
Telephone:

Occupancy Information

General Description/Reason: Dumpster — Renovation Debris
Street Address: 301 W. Johnston St. – loading zone for Hotel
- or - Multiple Streets: North Superior St.
Sidewalk/roadway obstruction requested ☐ Y or ☑ N
Dates (s) From: 8/14/26 To: 12/01/2026
35 days or < ☐ 35 days or > ☑ (Requires Committee and Council Approval)

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 MUNCIPAL 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, warranties 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 apparoval 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.

SIGNED BY: (Applicant) P. Rank **DATE:** 03 August 2026

(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
- ☐ Sandwich Board
- ☐ Tables/Chairs

Location
- ☐ Sidewalk
- ☐ Terrace
- ☒ Roadway

Additional Requirements

☐ Construction Plan/Sketch ☒ Certificate of Insurance ☐ Bond ☐ Committee and Council Approval
☐ Other: Date:

Work Zone Traffic Control Requirements

Type of Street:
- ☐ Arterial/CBD
- ☐ Collector
- ☐ Local

Proposed Traffic Control:
- ☐ City Manual Page(s)
- ☐ State Manual Page(s)
- ☐ Other (attach plan)

Approved by: **Date:**

☐ Contact Traffic Division at 920-832-2304 or traffic.engineering@appletonwi.gov 1 business day prior to any lane closure, or 2 business days prior to a full road closure.

Additional Requirements:

PLEASE FOLLOW TRAFFIC CONTOL MANUAL PAGE 12 FOR DUMPSTERS

APPROVED BY: JEFF MILLER / RT **DATE:** 8/3/26
(Department of Public Works)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/15/2025

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 The McClone Agency, Inc. PO Box 389 Menasha WI 54952 License#: 100197661	**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
INSURED FOXCITI-01 Fox Cities Hotel Investors, LLC DBA Copperleaf Hotel And RB Hospitalities LLC P.O. Box 2016 Appleton WI 54912-2016	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** SECURA Insurance Company — 22543 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1170529064 **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	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			CP3186651	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			A3186652	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** X OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED X RETENTION $ 10,000			CU3186654	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			WC3186653	12/31/2025	12/31/2026	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Conger Industries
2290 S. Ashland Ave.
Green Bay WI 54304

CANCELLATION

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

Brian T. Klein