



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.

Permit # :	26-029-T
Effective Date:	4-0-26
Expiration Date:	6-22-26
Non-Refundable Fee:	40.00
Receipt # :	10067-000 4

REV. 01/2026

Applicant Information

Name (Print) <u>Travis Curtis</u>	Company: <u>Portside Builders</u>
Address: <u>980 American Drive</u>	E-mail: <u>tcurtis@portsidebuilders.com</u>
City, State, Zip: <u>Neenah, WI 54956</u>	Telephone: <u>cell - 920-961-7403 / office 920-727-4874</u>

Occupancy Information

General Permission to place a 30 yd dumpster in front of residence during construction project. Will occupy approx area of 25' x 9'

Description/Reason: _____

Street Address: 1225 N Fernmeadow Dr Appleton WI 54915 Sidewalk/roadway obstruction requested Y or N

- or - Multiple Streets: _____

Dates (s) From: 4/6/26 To: 6/22/26 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 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.

SIGNED BY: Travis Curtis
(Applicant)

DATE: 3/27/26

(Department use only)

Occupancy Type	Sub-Type	Location
<input type="checkbox"/> Permanent - Obstruction (\$40)	<input type="checkbox"/> Awning	<input type="checkbox"/> Sandwich Board
<input checked="" type="checkbox"/> Temporary - Obstruction (\$40)	<input checked="" type="checkbox"/> Dumpster	<input type="checkbox"/> Tables/Chairs
<input type="checkbox"/> Amenity/Annual (\$40)	<input type="checkbox"/> Sign	<input checked="" type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> Obstruction / Other	<input type="checkbox"/> Sidewalk
<input type="checkbox"/> Block Party (\$15)	<input type="checkbox"/> POD / Container	<input type="checkbox"/> Terrace

Additional Requirements

Construction Plan/Sketch Certificate of Insurance Bond Committee and Council Approval

Other: _____ Date: _____

Work Zone Traffic Control Requirements

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.

<p>Type of Street: Proposed Traffic Control:</p> <p><input type="checkbox"/> Arterial/CBD <input type="checkbox"/> City Manual Page(s) _____</p> <p><input type="checkbox"/> Collector <input type="checkbox"/> State Manual Page(s) _____</p> <p><input type="checkbox"/> Local <input type="checkbox"/> Other (attach plan) _____</p>	<p>Additional Requirements:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Approved by: _____ Date: _____

APPROVED BY: Mark Lahay/ CS
(Department of Public Works)

DATE: 3/30/26



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: Dumpster storage on road right of way

Insurance Coverage Details (if applicable):

- Insurance Carrier: _____
- Insurance Agent Name and Phone Number: _____
- Policy Number: _____
- Policy 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 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.

Travis Curtis / Portside Builders
Name of Applicant/Organization

980 American Dr Neenah WI 54956
Address

tcurtis@portsidebuilders.com
Email Address

Travis Curtis
Print Name


Signature

3/27/26
Date



PORTBUI-01

AVYSKOCIL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2025

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 Appleton - Vizance, Inc. 2501 E. Enterprise Ave., Suite 301 Appleton, WI 54913	CONTACT NAME: Brianna Hauge, CISR Elite	
	PHONE (A/C, No, Ext): (920) 441-0098	FAX (A/C, No):
E-MAIL ADDRESS: bhauge@vizance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Donegal Mutual Insurance Company		13692
INSURER B : Atlantic States Insurance Company		22586
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
PortSide Builders, Inc.
810 S Lansing Ave.
Sturgeon Bay, WI 54235-2858

COVERAGES

CERTIFICATE NUMBER:

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	ADDD SUBR INSD 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		CPP9314056	4/1/2025	4/1/2026	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CWA9314056	4/1/2025	4/1/2026	EACH OCCURRENCE	\$ 9,000,000
						AGGREGATE	\$ 9,000,000
							\$
							\$
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 checked="" type="checkbox"/> N	100022788	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Leased/Rented Equip		CPP9314056	4/1/2025	4/1/2026	Limit	75,000
A	Installation Floater		CPP9314056	4/1/2025	4/1/2026	Limit	750,000

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

CERTIFICATE HOLDER

PortSide Builders, Inc.
810 S Lansing Ave.
Sturgeon Bay, WI 54235

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