

COUNCIL ACTION FORM

**SUBJECT: ENCROACHMENT PERMIT FOR A SIGN AT 2525 BOBCAT DRIVE
(VILLAGE COOPERATIVE OF AMES)**

BACKGROUND:

Village Cooperative of Ames at 2525 Bobcat Drive is seeking approval for an encroachment permit that would allow a sign to encroach into the public way. The sign under consideration was permitted on May 17, 2016 and constructed shortly thereafter. The surveyor for the property recently determined that the sign was constructed 2.6 feet over the property line and into the public way.

The sign structure was intended to be fully on the applicant's property. The applicant is seeking approval of an encroachment permit so that they do not have to move the sign. Failure to acquire approval from the City Council will cause the application to be denied and will require the sign to be moved.

Chapter 22.3(3) of the Ames Municipal Code requires approval of the Encroachment Permit Application by the Ames City Council before a permit can be issued. By signing the application, the Owner has agreed to hold harmless the City of Ames against any loss or liability as a result of the encroachment, to submit proof of insurance, and to pay a fee for the encroachment. The Owner also understands that this approval may be revoked at any time by the City Council. Upon receipt of proof of insurance, a payment of \$25.00, and Council approval, the Inspection Division will issue a permit for the encroachment.

ALTERNATIVES:

1. Approve the application allowing the sign to remain in its current location.
2. Deny the application prohibiting the sign from remaining in its current location. The applicant would be required to move the sign structure so that it is completely on their property.

MANAGER'S RECOMMENDED ACTION:

It is the recommendation of the City Manager that the City Council adopt Alternative No. 1, thereby granting the encroachment permit for this sign.



515 Clark Avenue
Ames, IA 50010
515.239.5153 Phone
515.239.5261 Fax

ENCROACHMENT PERMIT APPLICATION/AGREEMENT

Address of Encroachment: 2525 Bobcat Drive

Type of Encroachment: Sign base in Right of Way

Total Square Feet of the Area to Encroach: 60 sq ft (See attached submittal guidelines)

Applicant is: Property Owner Tenant Contractor

Applicant Name: L+L Builders Phone: 712-255-0657

Mailing Address: 2205 4th Street Email: ron@llbuilders

Property Owner Name: Village Coop Ames

Phone: 515-292-4849 Mailing Address: 2525 Bobcat Drive Ames, Ia. 50014

By signing this application, the Building Owner agrees to the following conditions, upon approval:

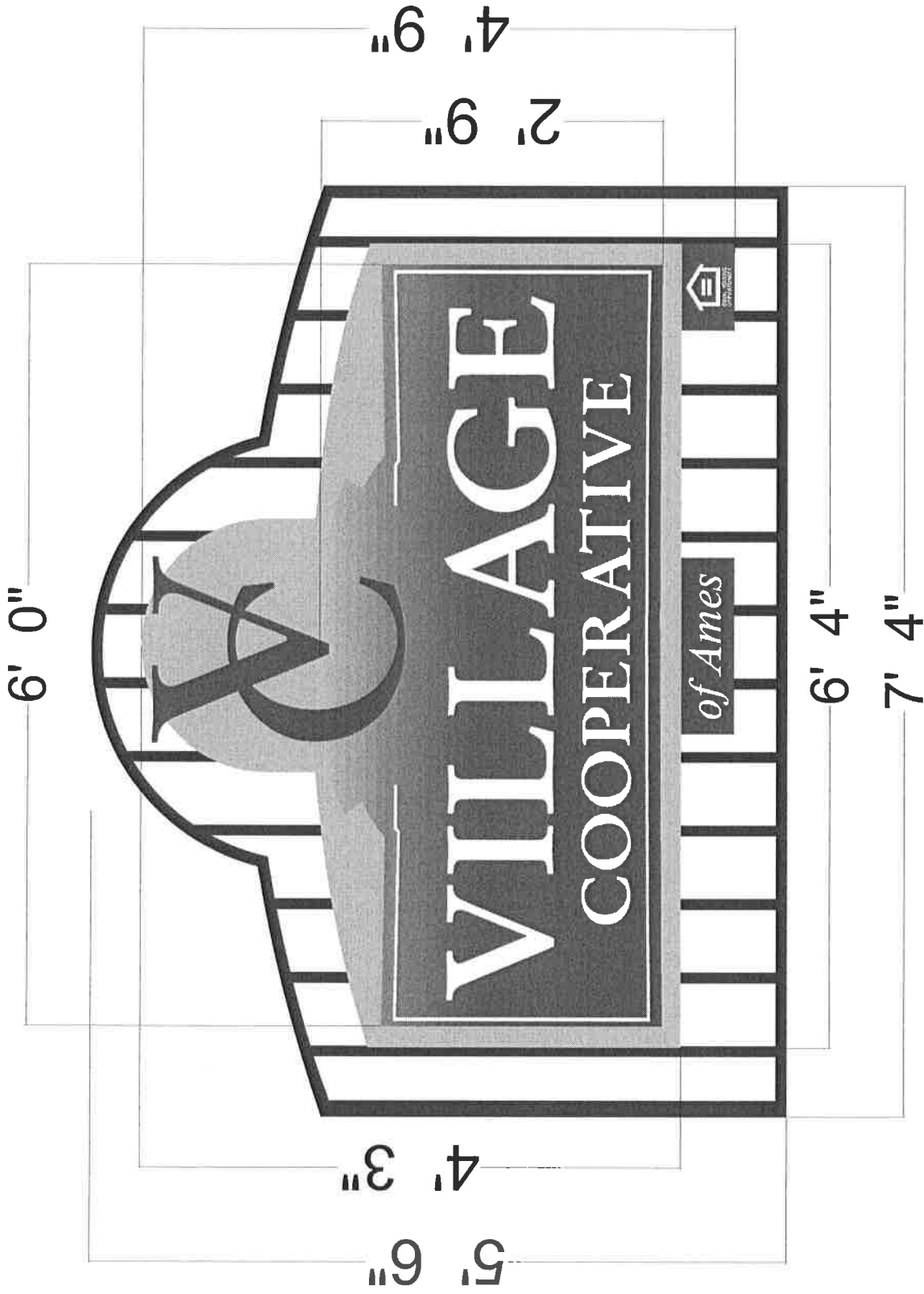
1. The Owners do hereby indemnify and hold harmless the City of Ames, its officers and employees, against any loss or liability whatsoever made by any and all persons whomsoever, resulting from or arising out of the location and maintenance of the encroachment.
2. The Owners shall submit and maintain, through the period of the encroachment, comprehensive general liability insurance coverage in the amount of not less than \$500,000 combined single limit and a current copy of Endorsement CG 2013, naming the City of Ames and its employees and assigns, as an additional insured on the policy. The Owner will supply the City Clerk's Office annually with a current copy of the insurance and the endorsement.
3. The City Council may revoke the permit at any time.
4. This agreement shall run with the land and be binding upon the successors and assignees of the parties hereto.
5. The Owners shall notify the City Clerk at the time that the encroachment ceases to exist, or before making any modification to the encroachment.
6. The encroachment will be built and erected in the same manner as shown on the attached sketch.
7. To pay a one-time encroachment fee of \$25 or \$1 for every square foot that encroaches, whichever is larger.

Property Owner Signature [Signature] Date 9/16/16

FOR OFFICE USE

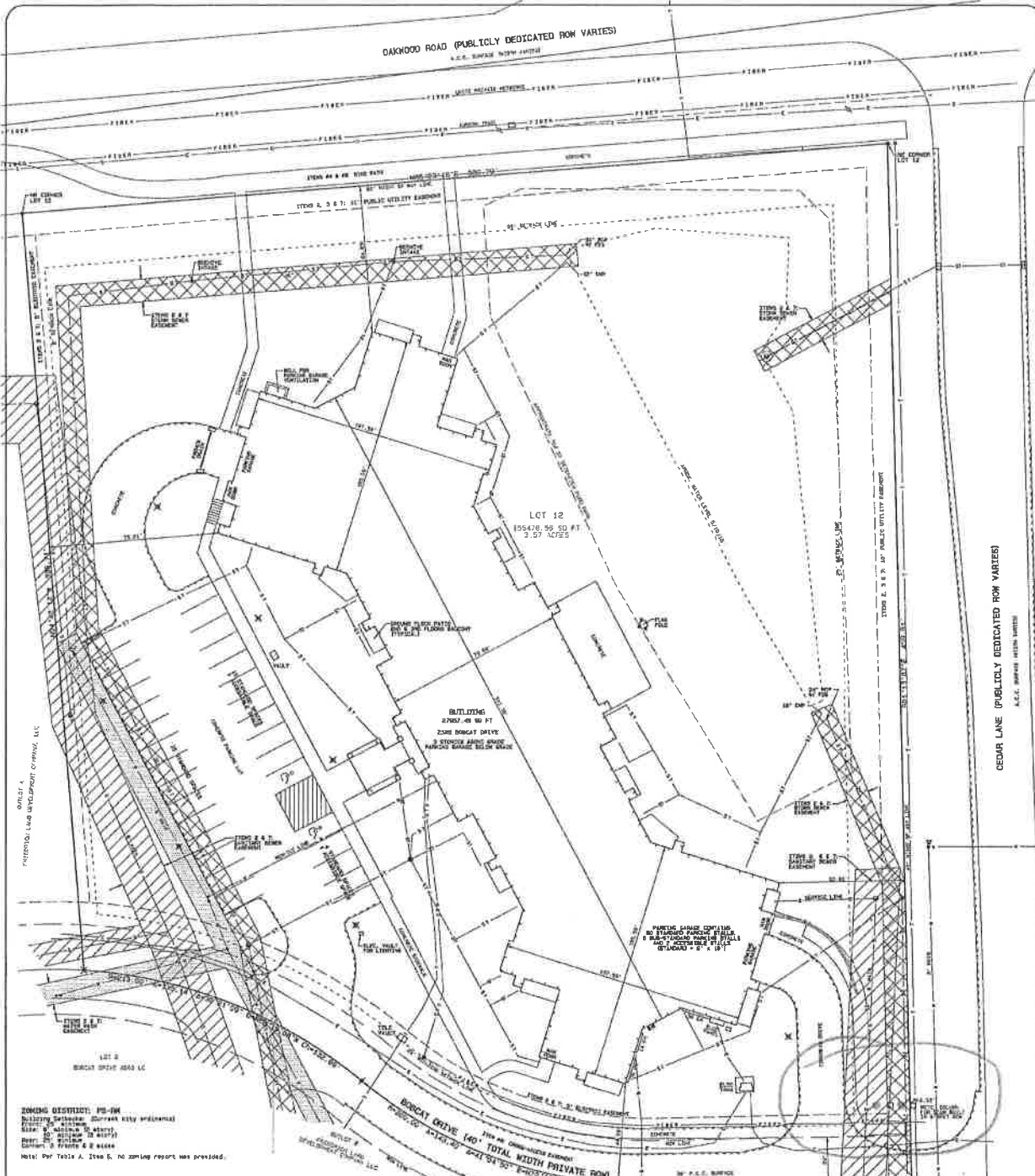
- | | |
|--|---|
| <input type="checkbox"/> Fee Received | <input checked="" type="checkbox"/> Sketch of Encroachment Received |
| <input checked="" type="checkbox"/> Insurance Received | <input type="checkbox"/> Approved by City Council on |
| <input checked="" type="checkbox"/> Insurance Approved by HR | Date: _____ |

Approved by: _____ Date: _____ Permit No: _____



Sign area (not including "gate" area) = 20 sq. ft.

ACE Sign DISPLAYS



OWNER: ALTA/NSPS LAND TITLE SURVEY, LLC

OWNER: VILLAGE COOPERATIVE OF AMES

ZONING DISTRICT: PD-30
 Rezoning Authority: Current city ordinance
 Code: PD 30 (Section 22.10)
 Code: PD 30 (Section 22.10)
 Code: PD 30 (Section 22.10)
Notes: Per Title A, Item 8, no zoning report was prepared.

LEGEND

WATER LINE	---
ELECTRIC LINE	---
SEWER LINE	---
CABLE TELEVISION LINE	---
TELEPHONE LINE	---
ROAD	---
UTILITY EASEMENT	---
ROAD RIGHT-OF-WAY	---
ADJACENT PROPERTY	---
ADJACENT PROPERTY	---
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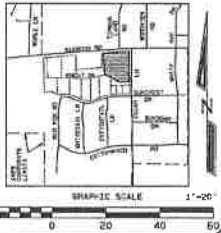
SURVEYOR'S REPORT ON SCHEDULE B, SECTION 22:
 Item 20: Easement for utility purposes in favor of the Village Cooperative of Ames, Iowa. This easement is subject to the easement for utility purposes in favor of the Village Cooperative of Ames, Iowa, recorded in Register's Parcel Subdivision Fourth Addition, Ames, Story County, Iowa. This easement is subject to the easement for utility purposes in favor of the Village Cooperative of Ames, Iowa, recorded in Register's Parcel Subdivision Fourth Addition, Ames, Story County, Iowa. This easement is subject to the easement for utility purposes in favor of the Village Cooperative of Ames, Iowa, recorded in Register's Parcel Subdivision Fourth Addition, Ames, Story County, Iowa.

SURVEYOR'S CERTIFICATION:
 I, William W. Krumm, State Licensed Surveyor No. 1122, do hereby certify that this survey was made on the premises described above and that the same is a true and correct survey of the premises described above, and that I am duly licensed and qualified to do so under the laws of the State of Iowa.

OWNER:
 Village Cooperative of Ames
 2525 Bobcat Drive
 Ames, IA 50010

SURVEY DESCRIPTION:
 Lot 12, Register's Parcel Subdivision Fourth Addition, Ames, Story County, Iowa.

- NOTES:**
1. There is evidence of current earth mobile work, building construction or other activity on the premises described above.
 2. There is evidence of proposed changes in street line lines, these are shown on the plat and are subject to the approval of the appropriate public authority.
 3. There are no proposed changes in the lines shown on the plat which are not shown on the plat.
 4. There are no proposed changes in the lines shown on the plat which are not shown on the plat.
 5. There are no proposed changes in the lines shown on the plat which are not shown on the plat.
 6. There are no proposed changes in the lines shown on the plat which are not shown on the plat.
 7. There are no proposed changes in the lines shown on the plat which are not shown on the plat.



STUMBO & ASSOCIATES
 LAND SURVEYING
 510 S. 17th STREET, SUITE 102 AMES, IOWA 50010
 PHONE 515-233-3684 FAX 515-233-4403

ALTA/NSPS LAND TITLE SURVEY
 VILLAGE COOPERATIVE OF AMES
 2525 BOBCAT DRIVE
 AMES, IOWA
 FHA PROJECT NO. 074-23016
 JOB #15313ALTA2 DATE: 8/23/16 PAGE: 1 of 1

Declaration: I hereby certify that this land surveying work was done in accordance with the laws of the State of Iowa. I am duly licensed and qualified to do so under the laws of the State of Iowa.
DRAFT FOR REVIEW
 DATE: 8/23/16
 BY: William W. Krumm, Licensed Surveyor No. 1122
 THIS SIGNATURE COVERS ALL CERTIFICATIONS ON THIS PLAT.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/2016

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 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 Brenda Holzer Agency - American Family Insurance Company 515 Main Street, Suite B Cedar Falls, IA 50613	CONTACT NAME: Brenda Holzer PHONE (A/C, No., Ext.): 319-277-2056 E-MAIL ADDRESS: bholzer@amfam.com	FAX (A/C, No.): 855-337-0356
	INSURER(S) AFFORDING COVERAGE	
INSURED Village Cooperative of Ames 2525 Bobcat Dr Ames, IA 50014 Loan #100569	INSURER A: American Family Insurance Company	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
<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		14X6464701	05/27/2016	05/27/2017	EACH OCCURRENCE	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000						MED EXP (Any one person)	\$ 5,000
	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			PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

END CG 2013 Additional Insured:
 City of Ames
 City Hall
 515 Clark Ave, Ames, IA 50010

B. Holzer
19 Sep 2016

CERTIFICATE HOLDER City of Ames - City Hall 515 Clark Ave Ames, IA 50010 515-239-5101	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 Brenda Holzer, Agent

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CITY OF
Ames

SIGN PERMIT APPLICATION

Fire/Inspections Division
515 Clark Ave, Room 205, Ames, IA 50010
515-239-5153 FAX 515-239-5261
www.cityofames.org/inspections

Project Address 2525
2626 Bobcat

Applicant is: Property Owner Tenant Contractor

Name Village Coop Phone 402 494-4555

Company Ace Sign Displays Email ace sign @longlines.com

Mailing Address P.O. Box 1593
Sioux City, IA 51102

If contractor, provide property owner/tenant name Ron Clause

If contractor, provide State of Iowa Contractor Registration No. C087248

Type of Sign: Ground Wall Awning and Canopy Portable Other Monument

Permanent sign Temporary sign

Electronic Message: Yes No (Flashing signs are prohibited)

Illuminated: Yes No

Illumination: Internal External (If external, attach lighting specifications including lumens)

New electrical: Yes No (Permit required for new electrical)

Distance between faces: 12" (30 inches or greater, include both faces for sq footage)

Square footage (per each face): 45 x 25 20 ft as noted on updated drawing. SWN

Height above grade (top of sign): 12' Height above grade (bottom of sign): 9'

Setback from property line: _____ (ground signs only)

Applicant Signature [Signature] Date 4/13/16

Owner Signature [Signature] Date 4/13/16

*Signature is required to process this permit

FOR OFFICE USE

Fee: \$63.85 Non-Illuminated \$90.65 Illuminated No Permit Needed

IDOT approval required? Yes No

Flood Plain Development Permit Required: Yes No

Zoning District: FSRM

Encroachment Permit required? Yes No

Approved by [Signature] Date 5/17/16 Permit No 16-1190