

COUNCIL ACTION FORM

**SUBJECT: ENCROACHMENT PERMIT FOR A SIGN AT 310 MAIN STREET
(VALOR & VIOLET)**

BACKGROUND:

The tenant of the property at 310 Main Street is seeking approval for an encroachment permit that would allow a sign to hang into the public way. The proposed sign is a projecting sign mounted to the face of the building. It will extend 18 inches over the sidewalk, but will not affect use of the sidewalk.

The sign permit application for the proposed sign has been reviewed by the Inspection Division and complies with all regulations regarding signage. The sign permit application is pending approval contingent on the approval of the encroachment permit.

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 applicant to erect the sign once the permit has been issued.
2. Modify the application allowing the applicant to erect the sign, with modifications, once the permit has been issued.
3. Deny the application prohibiting the applicant from placing the proposed sign over the public way.

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: 310 Main

Type of Encroachment: Storage

Total Square Feet of the Area to Encroach: 12 sqft (See attached submittal guidelines)

Applicant is: Property Owner Tenant Contractor

Applicant Name: Briana Meyerink, Leihl Restoration, LLC Phone: 515-509-0806

Mailing Address: 312 1/2 Main St., Ames, IA 50010 Email: service@leihlrestoration.com

Property Owner Name: Bill Woodward

Phone: 515-231-3206 Mailing Address: DAYTON Road Development, PO Box 1652

By signing this application, the Building Owner agrees to the following conditions, upon approval: 50010

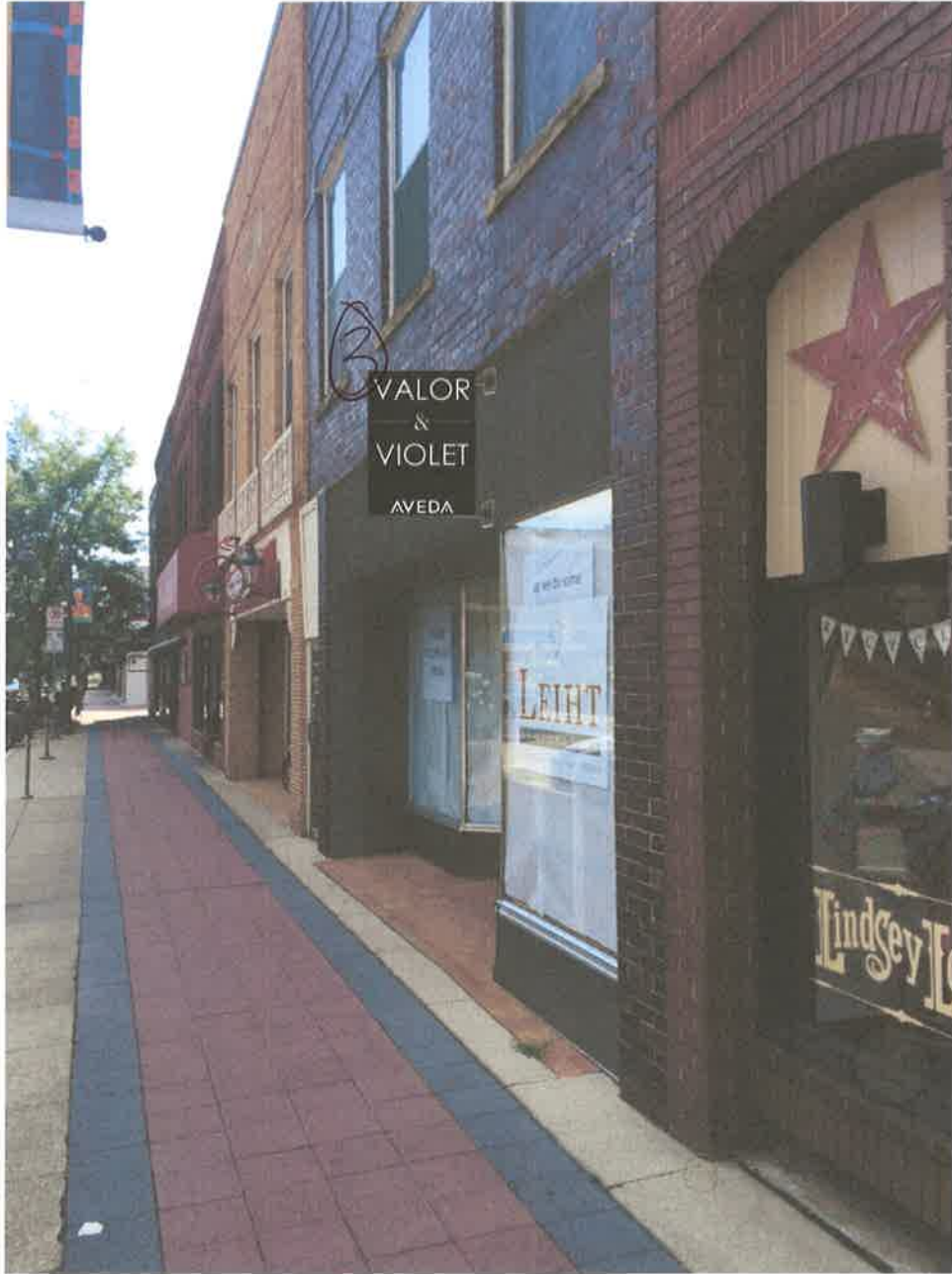
1. The Owners do hereby indemnify and hold harmless the City of Ames, its officers and employees, against any loss or liability whatsoever made by any and all persons whomsoever, resulting from or arising out of the location and maintenance of the encroachment.
2. The Owners shall submit and maintain, 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 9/8/10

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: _____



③ - 1.5' x 2' = 3



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 Severson Insurance Agency Inc 205 Clark - P O Box 743 Ames, IA 50010	CONTACT NAME:	PHONE (A/C, No, Ext): 515-232-7203	FAX (A/C, No): 515-232-7451
	E-MAIL ADDRESS:		
INSURED Dayton Road Development, LLC PO Box 1652 Ames, IA 50010-1652	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Owners Insurance Co		32700
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		4677104400	11/01/2015	11/01/2016	EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<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						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$
							BUILDING	1,354,900

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

Sign Encroachment 310 Main St, Ames, IA 50010

30 Sep 2016
19 Sep 2016

CERTIFICATE HOLDER

CANCELLATION

City of Ames
 515 Clark Ave
 Ames, IA 50010

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

Justin K...



CITY OF
Ames
INSPECTIONS

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 310 Main

Applicant is: Property Owner Tenant Contractor

Name Briana Meyerink Phone 515-509-0806

Company Leiht Restoration LLC Email service@leihtrestoration.com

Mailing Address 312 1/2 Main St. Unit 201
Ames, IA 50010

If contractor, provide property owner/tenant name Bill Woodward

If contractor, provide State of Iowa Contractor Registration No. C116558

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

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: 6 m (30 inches or greater, include both faces for sq footage)

Square footage (per each face): 3 sq ft

Height above grade (top of sign): 12 ft Height above grade (bottom of sign): 10 ft

Setback from property line: _____ (ground signs only)

Applicant Signature [Signature] Date 9/6/2014

Owner Signature [Signature] Date 9/6/2014

FOR OFFICE USE

Fee: \$90.65 No Permit Needed

IDOT approval required? Yes No

Flood Plain Development Permit Required: Yes No

Zoning District: DSC

Encroachment Permit required? Yes No

Approved by _____ Date _____ Permit No _____