

COUNCIL ACTION FORM

SUBJECT: ENCROACHMENT PERMIT FOR A SIGN AT 1111 DUFF (MARY GREELEY MEDICAL CENTER – ENTRANCE SIGN)

BACKGROUND:

It was recently determined that Mary Greeley Medical Center's newly erected entrance sign was placed partially within the right-of-way. The landscaping around the base of the sign was placed against the sidewalk, creating a five foot encroachment into the right-of-way. Mary Greeley is seeking an Encroachment Permit to allow the existing sign to remain in its current location, which 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 keep the sign in its current location.
2. Modify the application allowing the applicant to keep the sign in its current location, but to make changes to the sign.
3. Deny the application requiring the applicant to remove the sign from its current location.

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.



Mary Greeley
MEDICAL CENTER

Main Entrance

Emergency 

West Entrance/
Patient Discharge

Parking



515 Clark Avenue
Ames, IA 50010
515.239.5153 Phone
515.239.5261 Fax

ENCROACHMENT PERMIT APPLICATION/AGREEMENT

Address of Encroachment: 1111 Duff Avenue

Type of Encroachment: Right of Way

Total Square Feet of the Area to Encroach: 5 (See attached submittal guidelines)

Applicant is: Property Owner Tenant Contractor

Applicant Name: Lynn Whisler Phone: 515-239-2105

Mailing Address: 1111 Duff Avenue, Ames, Iowa Email: whisler@mgmc.com

Property Owner Name: Mary Greeley Medical Center

Phone: 515-239-2011 Mailing Address: 1111 Duff Avenue, Ames, Iowa

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 Lynn Whisler Date 5/12/2017

FOR OFFICE USE

Fee Received

Sketch of Encroachment Received

Insurance Received

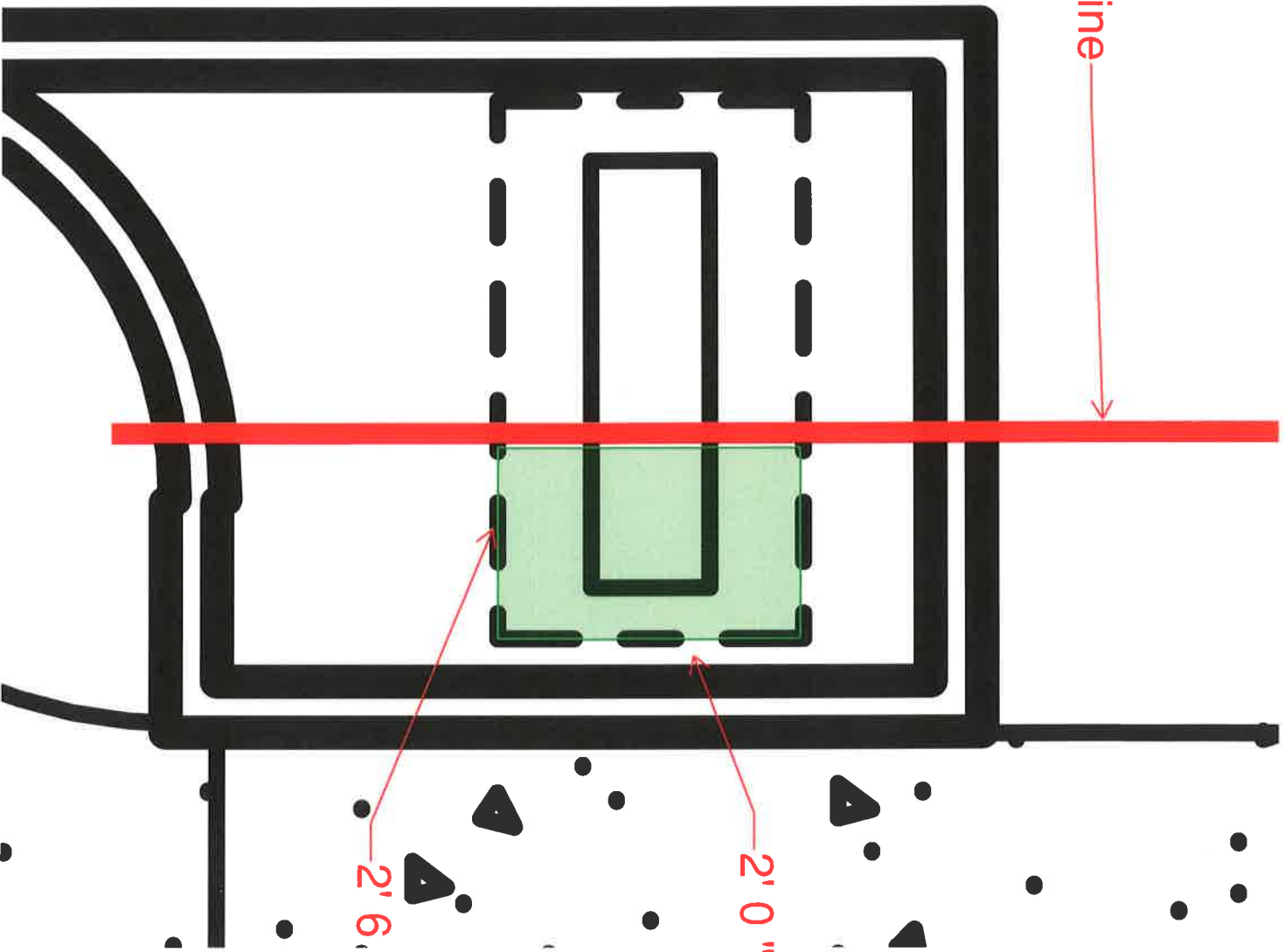
Approved by City Council on

Insurance Approved by HR

Date: _____

Approved by: _____ Date: _____ Permit No: _____

5' right of way line



2' x 2.5' = 5 sf

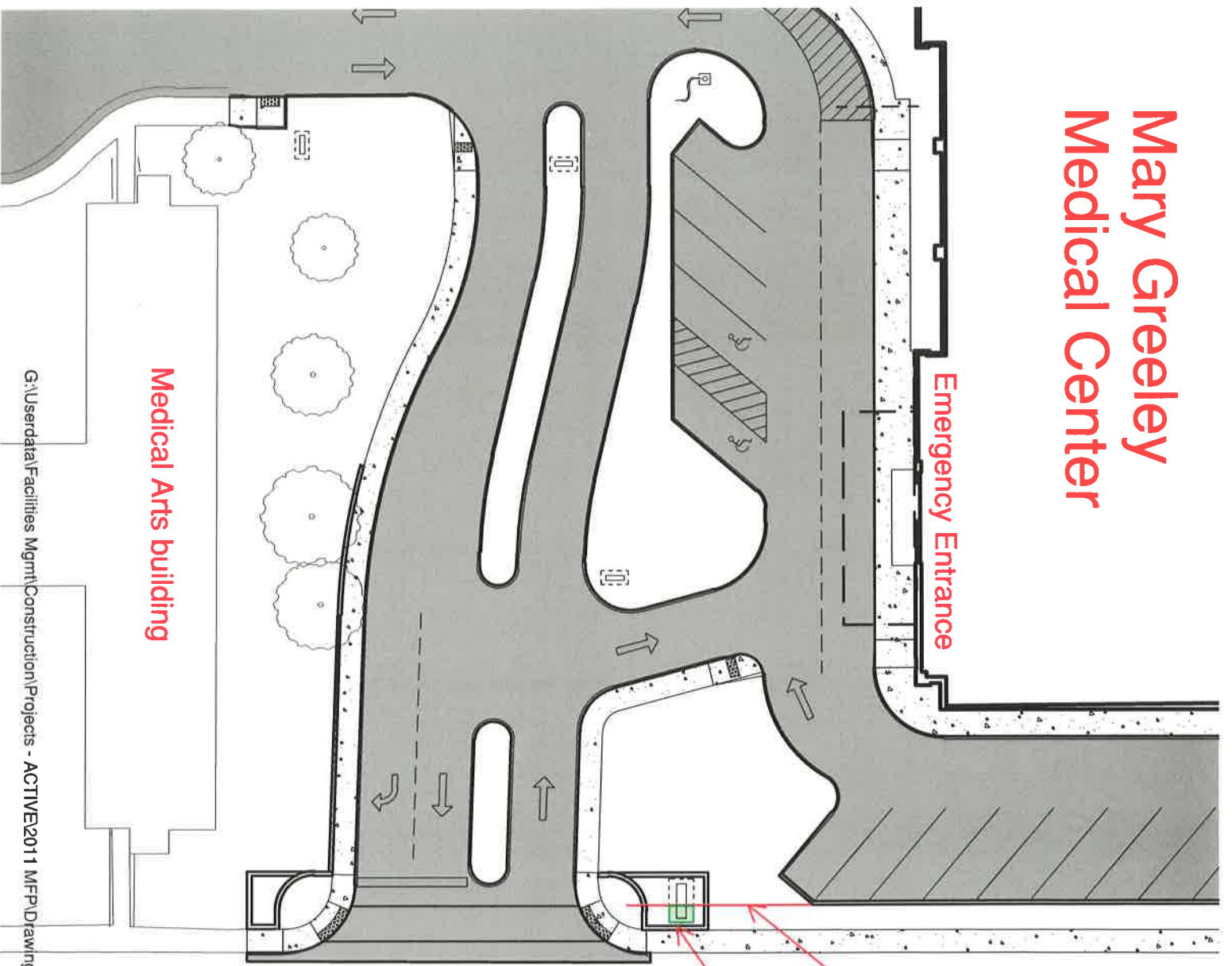
17' tall

2' 6"

2' 0"

Mary Greeley Medical Center

Emergency Entrance



Medical Arts building

Duff Avenue

5' right of way line

Green highlighted area is the location of the main entry sign encroachment

11th Street



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/23/2016

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 Jester Insurance Services, Inc 303 Watson Powell, Jr. Way P. O. Box 4779 Des Moines, IA 50305-4779 Janelle I. Friedman, CPCU	CONTACT NAME: Janelle I. Friedman, CPCU	FAX (A/C, No): 515-243-6862
	PHONE (A/C, No, Ext): 515-243-2707	E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Chubb Group of Ins. Co.	41386	
INSURER B: MMIC Insurance, Inc.		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **Mary Greeley Medical Center**
Atten: Tara Wirth
1111 Duff Avenue
Ames, IA 50010

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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		MHP000100	07/01/2016	07/01/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			7325-73-09	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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	\$
A	Property Section			3535-76-99	07/01/2016	07/01/2017	Blk Bd/BP	327,147,947
							Businc EE	135,996,527

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

Additional insured as their interest appears as building owners.

[Signature]
 15 May 2017

CERTIFICATE HOLDER

CANCELLATION

City of Ames
 515 Clark Street
 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

[Signature]