Joe Gaa, City Administrator Millie Youngquist, Mayor Kathy Kron, City Clerk Kelsey Brown, Finance Director Kevin Olson, City Attorney



City of Washington 215 East Washington Street Washington, Iowa 52353 (319) 653-6584 Phone (319) 653-5273 Fax

TEMPORARY ENCROACHMENT APPLICATION FORM

1. Applicant Information:

• Contractor's Information:

Name:	Address:	
Phone:	E-mail:	
Building Owner's Information (if different from above):		
Name:	Address:	
Phone:	E-mail:	

2. Project Description (attach additional description if needed):

3. Timeframe for Project

No permit is required for 48 hours or less

More than 48 hours but less than one week

No Fee

"One of the 100 Best Small Towns in America"

 More than one week but less than one month	\$25
 More than one month but less than three months	\$75
 More than three months but less than six months	\$125

Projects longer than six months must reapply. Otherwise, permitted projects extending beyond the original planned duration may have the permit extended by notification to the City of the need for such change and the payment of the difference in fee amount to the next level on the fee schedule.

4. Application Checklist	<u>Owner's Submittal</u>	Staff Review
• Application Fee		
 Must submit Site Plan which meets ordinance guidelines 		
• Proof of Insurance		
• Indemnification Form		
(See Exhibit A)		

5. Statement of Understanding:

I hereby acknowledge the City of Washington Temporary Encroachment Permit requirements, have been provided a copy of the ordinance and agree to abide by the listed rules & regulations as a condition of continued enjoyment of said license.

In addition, I specifically make the following certifications:

- I agree to maintain sidewalk access to the greatest extent possible during construction and agree to abide by the applicable ADA guidelines should closure of the sidewalk be needed at any point in the project.
- I certify that I have provided notification to all business and residential occupants within 50 feet of the project area.
- I certify that I will notify the Washington County Communications Center (319-653-2107) in advance of closing any travelled portion of a street or alley.

Contractor

Signature

Print Name

Building Owner (if different from above)

Signature

Print Name

Approved/Denied		
City Building Official:	_	
Date:		

RELEASE, INDEMNIFICATION & HOLD HARMLESS AGREEMENT Exhibit A

WHEREAS, the undersigned desires to engage in construction activity in the public right-ofway in the City of Washington; and

WHEREAS, the City of Washington may permit the undersigned to conduct such activity, provided that the City shall not thereby incur the risk of any liabilities to the undersigned, or to any third party or employee of the undersigned, by virtue of the presence or actions of the undersigned:

NOW, THEREFORE, the undersigned agrees to release, indemnify, defend, and hold harmless the City of Washington, its officers, employees, and agents against all loss, liability, damage, claims, costs, attorney's fees and expenses which it may hereafter incur as a result of the undersigned's construction activity. The undersigned shall at his or her own expense, appear, defend, and pay all attorney's fees and all costs and other expenses arising therefrom or incurred in connection with the undersigned's construction activity. If any judgments are rendered against the City in any such action, the undersigned shall satisfy and discharge the same excluding only such claims, demands or losses which result from the sole negligence of the City of Washington or its officers, agents, or employees; and

FURTHER, the undersigned agrees to provide proof of at least \$1 million of general liability insurance with the City named as an additional insured, with a certificate to be provided to the City before work may proceed.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND HOLD HARMLESS AGREEMENT, AND A CONTRACT BETWEEN THE CITY OF WASHINGTON AND ME, AND I SIGN IT OF MY OWN FREE WILL AND ACCORD.

Signed at	_this	day of	, 20
City, State	Date	-	
Contractor			
Signature	Print	t Name	
Building Owner (if different from abo	ve)		
Signature	Print	t Name	