



City of Lawrence

PAID
8/19/10

Temporary Use of Public Right-of-Way Application and Permit

Please allow up to 14 days for the processing of this application.

AS400 ✓

APPLICANT INFORMATION

Contact Person: Laura Richards	E-Mail Address: nextlevelrising@yahoo.com	Business Name: Next Level	24-Hour Phone: 785-760-0261
Mailing Address: 644 Locust	City: Lawrence	State: KS	Zip: 66044
			Alternate Phone: 785-856-7755

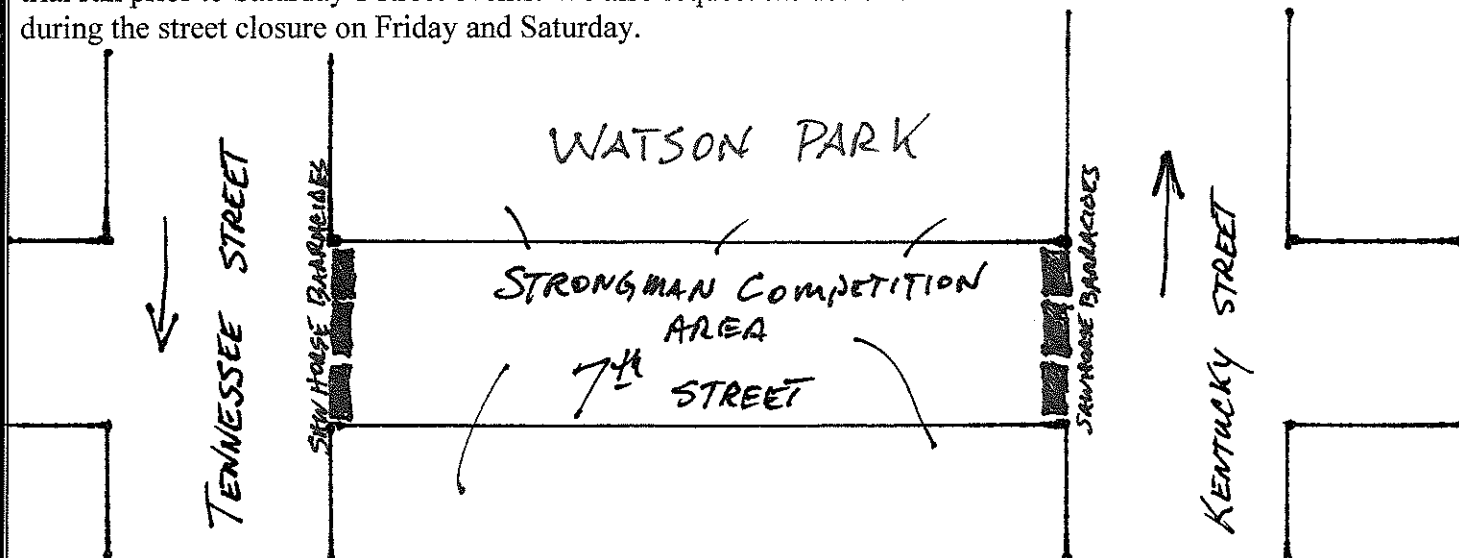
LIST DATE(S) OF REQUESTED USE OF RIGHT-OF-WAY BELOW

Date: Sept. 17, 2010	From Time: 11 a.m.	To Time: 1 p.m.	Location of Use: 7 th Street between Kentucky and Tennessee Streets
Date: Sept. 18, 2010	From Time: 7 a.m.	To Time: 8 p.m.	Location of Use: 7 th Street between Kentucky and Tennessee Streets
Date:	From Time:	To Time:	Location of Use:
Date:	From Time:	To Time:	Location of Use:
Date:	From Time:	To Time:	Location of Use:
Date:	From Time:	To Time:	Location of Use:
Date:	From Time:	To Time:	Location of Use:
Or From Date to Date:	From Time:	To Time:	Location of Use:

Is applicant the owner of the adjoining property? ☐ Yes ☒ No (If no, attach the owner's written permission)

Describe the use of this right-of-way (attach/include a sketch or site plan of the utilized right-of-way):

Next Level Sports Performance, a locally owned business, is seeking City Commissioners' permission to organize its 2nd Annual Strongman Competition on Saturday, September 18, 2010 from 7 a.m. until 8 p.m.. Strongman events will be held both in Watson Park and on 7th Street. The agility events will occur in the park, while the street events will include a car push and pull, a farmers walk, and the Prowler (sled push) Challenge. The request for the temporary closure of 7th street on Friday from 11 a.m. To 1 p.m. is to allow us to perform a trial run prior to Saturday's street events. We also request the use of 6 saw horse barricades from Public Works during the street closure on Friday and Saturday.



METER BAGS AND NO PARKING SIGNS

Do you need meter bags? ☒ Yes ☐ No If yes, how many? 18

Do you need no parking signs? ☐ Yes ☒ No If yes, how many (1 sign per 30 feet)?

Note: The police department will contact you when meter bags and/or no parking signs are ready to be picked up. A \$3.00 deposit per bag/sign must be paid to the police department at that time.

Is this project being undertaken on behalf of the City of Lawrence? ☐ Yes ☒ No

If yes to above, who is your main contact person with the City on this project? BOB SANNER

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning this permit. I have read a copy of Chapter 16, Articles 8 & 9, of the City Code of Lawrence, Kansas, and understand the regulations therein. All documents required by the City Code have been submitted with this application, along with a sketch or site plan of the utilized right-of-way. All fees paid for the processing of this application are not prorated or refundable in the event the permit is not issued for any reason.

PLEASE INCLUDE: ☒ \$10.00 Fee

☒ Certificate of general liability insurance in the amount of \$500,000 with the City of Lawrence listed as a certificate holder


☐ Sketch or site plan of the utilized right-of-way

☐ MUTCD compliant traffic control plan if the activity will impact pedestrian or vehicular traffic in any way

☐ Written permission of adjacent property owner(s) if applicant is not owner

☐ Copy of KDOT permit if applicable

LAURA RICHARDS
APPLICANT'S NAME (Printed)


APPLICANT'S SIGNATURE

8/19/10
TODAY'S DATE

OFFICE USE ONLY

Application Received Date:

Insurance Certificate Submitted or on File?

☐ Yes ☐ No

Payment Received?

☐ Yes ☐ No



USE OF THE PUBLIC RIGHT-OF-WAY PERMIT

(To be completed by the City)

Applicant:

DATE(S) APPROVED FOR THE USE OF THE RIGHT-OF-WAY

Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Date:	From Time:	To Time:	Location of Use:	
Or From Date to Date:		From Time:	To Time:	Location of Use:

Special Conditions:

1. Applicant will notify the City when any use of the right-of-way is complete.
2. Applicant will restore the right-of-way to City specifications.
3. Applicant will maintain all necessary MUTCD compliant traffic control devices throughout the project.
4. Applicant will meet conditions of KDOT permit, if applicable.

City Manager or Designee

Date

THIS PERMIT SHOULD BE PROMINENTLY DISPLAYED WHERE THE PUBLIC RIGHT-OF-WAY IS BEING USED OR BE AVAILABLE FOR REVIEW BY ANY OFFICER OR EMPLOYEE OF THE CITY OF LAWRENCE UPON DEMAND.

THIS PERMIT MAY BE REVOKED OR SUSPENDED AS PROVIDED BY LAW.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2010

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 Hedges Insurance 1035 Vermont P.O. Box 624 Lawrence KS 66044		CONTACT Melissa Dimoush PHONE (785) 841-0200 FAX (785) 841-0275 E-MAIL msnyder@sunflower.com ADDRESS: PRODUCER 00022629 CUSTOMER ID #:	
INSURED Next Level, LLC, DBA: Chad & Laura Richards 644 Locust, Suite A Lawrence KS 66044		INSURER(S) AFFORDING COVERAGE INSURER A: Western Heritage Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1081900503

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SCP0716297	11/28/2009	11/28/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

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

CERTIFICATE HOLDER

CANCELLATION

832-3110

City of Lawrence
6 East 6th St.
Lawrence, KS 66044

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

Blake Hedges/BLAKE