

City of Elkhorn – Department of Public Works

9 S. Broad St., Elkhorn WI 53121

262-723-2223 / Fax 262-741-5135

Date: ___ / ___ / _____

Owner/Agent: _____

APPLICATION FOR PERMISSION TO: *(please check all that apply)*

- Detour Street Traffic
- Parking Lane Closure
- Close Sidewalk Right-of-Way Traffic
- Misc

****Please print and use black or blue ink***

Detour/Closure Date: ___ / ___ / _____ - ___ / ___ / _____

Detour/Closure Time: ___ : ___ am / pm - ___ : ___ am / pm

Reason for Detour/Closure: _____

Address/Area where Detour/Closure will be conducted: _____

Proposed Temporary Route (if applicable): _____

Mailing Address for Permit: _____

The above owner/agent hereby requests permission to close the marked route as described, during which time the owner/agent will provide a temporary route for traffic as designated in this application.

The owner/agent agrees to and will abide by the conditions listed on the reverse side of this application, which is made by the undersigned official under proper authority to act in behalf of the owner/agent represented above.

<i>Signature of Authorized Official</i>	<i>Title</i>	<i>Date</i>
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Permission is hereby granted for a temporary Detour/Closure therefore by signing or policing or both as set forth in this application, subject to the conditions stated on the reverse side hereof.

<i>Permit Number</i>	<i>Date</i>	<i>Approved by Public Works Manager</i>
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Conditions:

Permit to Detour/Close City Street and/or Sidewalk Traffic

1. The owner/agent shall erect and remove all signs for the detour/ closure selected for the route unless otherwise provided in condition 4 below.
2. The owner/agent shall accept full responsibility for the use of the local roads, streets, and/or sidewalks on the temporary routing of the detour/closure, and it shall make no claim against the City by reason of their use.
3. The owner/agent shall minimize as much as practicable the duration of the detour/closure of City streets and/or sidewalks.
4. Additional Conditions:

Insurance Requirements

- a. It is hereby agreed and understood that the insurance required by the City of Elkhorn is primary coverage and that any insurance or self insurance maintained by the City of Elkhorn, its officers, council members, agents, employees or authorized volunteers will not contribute to a loss. All insurance shall be in full force prior to commencing the event and remain in force throughout the entire event, including the clean up period after the event.
- b. General Liability Coverage
 - 1) Commercial General Liability
 - a) \$1,000,000 general aggregate
 - b) \$1,000,000 products – completed operations aggregate
 - c) \$ 500,000 personal injury and advertising injury
 - d) \$ 500,000 each occurrence limit
 - 2) Claims made form of coverage is not acceptable.
- c. Workers Compensation and Employers Liability – If required by Wisconsin State Statute or any Workers Compensation Statutes of a different state.
 - 1) Must carry coverage for Statutory Workers Compensation and Employers Liability limit of: \$100,000 each accident; \$500,000 Disease Policy Limit; \$100,000 Disease – Each Employee
- d. Additional Insured – On the General Liability Coverage, Comprehensive Automobile Coverage and Umbrella Coverage, the City of Elkhorn and its officers, Council members, agents, employees, and authorized volunteers shall be Additional Insureds.
- e. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- f. Certificate of Insurance – A copy of the Certificate of Insurance and endorsement must be on file with the City Clerk.