

Application Date: \_\_\_\_\_


Permit No. \_\_\_\_\_

**APPLICATION**  
**FOR OBSTRUCTION OF STREET OR PUBLIC PROPERTY PERMIT**  
**PUBLIC WORKS DEPARTMENT**  
**City of Cedar Rapids, Iowa**  
Permits typically issued within 3 business days if no revisions are required.

**IF SUBMITTING APPLICATION VIA EMAIL, please send to: [rowpermit@cedar-rapids.org](mailto:rowpermit@cedar-rapids.org)**

Certificate of Insurance* on File with City: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Street Obstruction Date(s) and Time(s): _____
Applicant Name _____	Company Name (if applicable): _____
Applicant Address, City, State, Zip: _____	
Applicant Telephone: _____    Applicant cell #: _____    Applicant Fax #: _____	
Applicant E-mail address: _____	
Preferred method of notification: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Cell phone	
Property Owner Name: _____	Development Name (if applies): _____
Location of Obstruction: _____	
Description of Obstruction: _____	
Site Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requested Obstruction Location: <input type="checkbox"/> Street <input type="checkbox"/> Alley <input type="checkbox"/> ROW (between Street & Property Line) <input type="checkbox"/> Easement <input type="checkbox"/> Other	

**TRAFFIC CONTROL FUNCTIONAL CLASSIFICATION**

Street functional classification (select one): Use <a href="#">Urban Federal Functional Classification Map</a>  Web Address: <a href="http://tinyurl.com/idotfunctionalclassification">http://tinyurl.com/idotfunctionalclassification</a>  QR Code: 	<input type="checkbox"/> Arterial (Principal or Minor) – traffic control plan required  <input type="checkbox"/> Collector – traffic control plan required for 1 lane or complete Closures  <input type="checkbox"/> Local – traffic control plan required for complete closures with duration of over 48 hours
Traffic Control Plan Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If no traffic control plan is required per above, please complete the following:

Identify if any of the following protective infrastructure will be used:	<input type="checkbox"/>	Barricade	<input type="checkbox"/>	Fence	<input type="checkbox"/>	Walkway	<input type="checkbox"/>	Canopy
If any protective infrastructure is provided, please indicate if this is shown on a site plan or traffic control plan.	<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	Traffic Control Plan				

**STANDARD PERMIT CONDITIONS  
FOR  
OBSTRUCTION OF STREET OR PUBLIC PROPERTY PERMIT  
City of Cedar Rapids, Iowa**

The applicant agrees that if granted an obstruction of street or public property permit, the following stipulations shall govern.

1. All fees are non-refundable and do not guarantee application approval.
2. The construction work will conform to the ordinances of Cedar Rapids. For Contractors, a valid CERTIFICATE OF LIABILITY INSURANCE, naming the City of Cedar Rapids and it's employees are listed as additional insured as their interest may appear, and must be approved and filed with the City. The Certificate must be valid for duration of the obstruction. Property Owners who are obstructing right-of-way (when allowed) must provide proof of homeowner's insurance by providing a copy of the policy's declaration page (Section 9.22(h)).
3. This permit will be held on file for a period of 90 calendar days from date of issuance of the permit. If work is not begun during that time, the permit will become null and void. A new permit will have to be obtained.
4. The obstruction will conform to the ordinances of Cedar Rapids. For Contractors and Property Owners, a valid Certificate of Liability as required in Chapter 33A of the Cedar Rapids Municipal Code must be approved and on file with the City Clerk. The Certificate must be valid for duration of work. The Certificate must show proof of coverage, endorsement for additional insured and an endorsement for notice.
5. All surfacing shall be replaced to its original condition satisfactory to the Public Works Department. Grass surfaces may be seeded and mulched, sodded, or treated with erosion mat as determined by the City Engineer or his/her designee. The applicant shall assume the responsibility of maintenance costs for restoring any grassed areas, streets, driveways and sidewalks due to settlement of the trenches or improperly restored improvements over such trenches for a period of two (2) years, or until the area is reconstructed by the City, whichever is sooner. In the event the applicant fails to make satisfactory progress and/or comply with the specifications, the City reserves the right to enter a site to complete work with its own forces. The applicant agrees to reimburse the City for all costs associated with the City to complete the work including costs of labor, materials and equipment.
6. **For street lane closures, the applicant must notify the Public Works Department at (319) 286-5176 at least 48 hours in advance of closures. APPROVAL OF THIS PERMIT DOES NOT PROVIDE SUCH NOTIFICATIONS. Additionally, applicant must notify the Public Works Department at (319) 286-5176 the day of reopening the street. If proper notification is not provided, applicant shall be subject to a 50% surcharge fee.**
7. Sections 9.25 of the Cedar Rapids Municipal Code require the applicant – through an insured traffic control Contractor – to provide all traffic control measures required by the Traffic Engineering Division of Public Works. Said Contractor shall furnish, erect and maintain the necessary traffic controls such as signs, barricades, flares and flaggers (police officers when necessary) as required by the City. Traffic controls provided shall be in conformance with the "Manual on Uniform Traffic Control Devices for Streets and Highways" as adopted by the Iowa Department of Transportation.
8. Any obstruction by the Applicant within 300 ft. of a traffic signal shall be approved by the Assistant Traffic Engineering Manager prior to construction.
9. Forestry Division (319-286-5747) shall be immediately notified of any damage to the trunk, limbs, or roots within the drip line of any City tree.
10. The applicant hereby agrees to the terms and conditions set out in the foregoing application and specifically agrees to protect, defend and hold the City harmless against any and all damages that might arise by reasons of the granting of the application and issuance of the permit.
11. **THE ISSUED PERMIT MUST BE PRESENT AT THE PROJECT SITE WHILE WORK IS UNDERWAY. FAILURE TO PRODUCE THIS PERMIT WHEN REQUESTED CAN AND WILL RESULT IN IMMEDIATE WORK STOPPAGES.**

**IF THE APPLICANT FAILS TO COMPLY WITH THE STANDARD PERMIT CONDITIONS, FUTURE PERMITS WILL NOT BE ISSUED FOR STREET OBSTRUCTIONS WITHIN THE PUBLIC RIGHT-OF-WAY UNTIL THE ISSUES ARE RESOLVED TO THE SATISFACTION OF THE CITY ENGINEER.**

**By signing this application, I hereby agree to abide by the terms of the Standard Permit Conditions.**

Signed: \_\_\_\_\_  
(Company Representative or Applicant) (Title)

**Right of Way Obstruction Standard Permit Fee \$50.00 Failure to obtain an approved permit prior to beginning work will result in a 100% surcharge in addition to the Standard Permit Fee  
 Failure to comply with condition 6 will result in a 50% surcharge for each offense in addition to the standard permit fee.**

Fee amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Receipt #: \_\_\_\_\_ Collected By: (initials) \_\_\_\_\_

**\*\*CASH (Nothing larger than a \$50 bill), CHECK OR CREDIT CARD\*\*  
 CASH AND CREDIT CARD PAYMENTS MUST BE SUBMITTED IN PERSON  
 CHECKS PAYABLE TO: CITY TREASURER**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/17

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 have ADDITIONAL INSURED provisions or 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 <b>Name of Insurance Agency</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED <b>Business Name and Address</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

## 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>			01/01/18	01/01/19	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				01/01/18	01/01/19	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		01/01/18	01/01/19	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Purpose: Right of Way Obstruction Permit.

If blanket coverage applies, state regulations limit the information that may be added regarding additional insureds to include policy form numbers only. If Yes is indicated above for add'l insd forms Gen Liab #policy (premises & completed operations), Auto Liab # policy applies. If Yes is indicated above for waiver of subrogation forms Gen Liab # policy and Auto Liab # policy applies. Coverage is extended for work performed and required under written contract with the above named insured.

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Cedar Rapids Public Works</b> <b>500 15th Ave SW</b> <b>Cedar Rapids, IA</b>	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 <b>Signature of Authorized Representative</b>

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