

CITY OF CHIPPEWA FALLS, WISCONSIN

NOTICE OF PUBLIC MEETING

In accordance with the provisions of the Wisconsin State Statutes, Sec. 19.84, notice is hereby given that a public meeting of:

Committee #3 **Transportation, Construction, Public Safety and Traffic**

Will be held on Tuesday, September 6, 2016, at 4:45 pm in the City Hall Council Chambers, 30 W. Central Street, Chippewa Falls, WI

Items of business to be discussed or acted upon at this meeting are shown on the agenda below:

AMENDED AGENDA

1. Discuss Sidewalk Use Permit Application from Hotels International to utilize the sidewalk in front of the alley between the hotel (100 N Bridge Street) and the neighboring building on September 22, 2016 for their grand opening celebration. Possible recommendations to Council.
2. Discuss communication received from Dwayne Lambert concerning the intoxicating liquor license for Dewey's Roadhouse located at 1 E Canal Street. Possible recommendations to Council.
3. Discuss limited hour parking enforcement concerns in the downtown area. Possible recommendations to Council.
4. Discuss speed study in the W Elm Street neighborhood including safe routes to school recommendations, potential speed boards, and feasibility of placing a pedestrian crossing at Hilary Street and Elm Street at the walking path. Possible recommendations to Council.
5. Discuss condition of property located at 1123 Huron Street. Possible recommendations to Council.
6. Adjournment

NOTICE IS HEREBY GIVEN THAT A MAJORITY OF THE CITY COUNCIL MAY BE PRESENT AT THIS MEETING TO GATHER INFORMATION ABOUT A SUBJECT OVER WHICH THEY HAVE DECISION MAKING RESPONSIBILITY.
NOTE: REASONABLE ACCOMMODATIONS FOR PARTICIPATION BY INDIVIDUALS WITH DISABILITIES WILL BE MADE UPON REQUEST. FOR ADDITIONAL INFORMATION OR TO REQUEST THIS SERVICE, CONTACT THE CITY CLERK AT 726-2719.

Please note that attachments to this agenda may not be final and are subject to change. This agenda may be amended as it is reviewed.

CERTIFICATION OF OFFICIAL NEWSPAPER

I hereby certify that a copy of this notice has been posted on the City Hall bulletin board and a copy has been given to the Chippewa Herald on August 31, 2016 at 10:00 am by BNG.

I hereby certify that an amended copy of this notice has been posted on the City Hall bulletin board and a copy has been given to the Chippewa Herald on September 2, 2016 at 9:00 am by BNG.



SIDEWALK USE PERMIT APPLICATION

Name Of Applicant: Hotel Sun International	Address Of Applicant: 100 N Bridge St Chippewa Falls, WI 54729
Telephone Number: 715.720.0355 cell 920.237.0233 office open x104	Date And Length Of Time Requested For Use Of Sidewalk: September 22, 2010 4-7pm
Description Of The Portion Of Sidewalk To Be Used: the sidewalk coming out of the alley in between the hotel + the neighboring building	
Describe In Detail The Purpose For Which the Sidewalk Will Be Used: Grand opening celebration of the new hotel + restaurant went on main st + to connect to our patio restaurant.	

The applicant agrees to indemnify, defend and hold the City and its employees and agents harmless against all claims, liability, loss, damage or expense incurred by the City on account of any injury to, or death of, any person or any damage to property caused by or resulting from the activities for which the permit is granted.

This Sidewalk Use Permit may be revoked by the City Council for any violation of any condition of such permit as set out in Ordinance 94-13, passed on May 17, 1994. Such revocation shall be after affording the permit holder a hearing before the City Council after service on the permit holder of notice of hearing at least 3 days but not more than 30 days from the date and service of the notice and a detailed statement of the facts alleged to constitute any such violation.

~~Bond Certificate and sketch of area to be used must be attached.~~

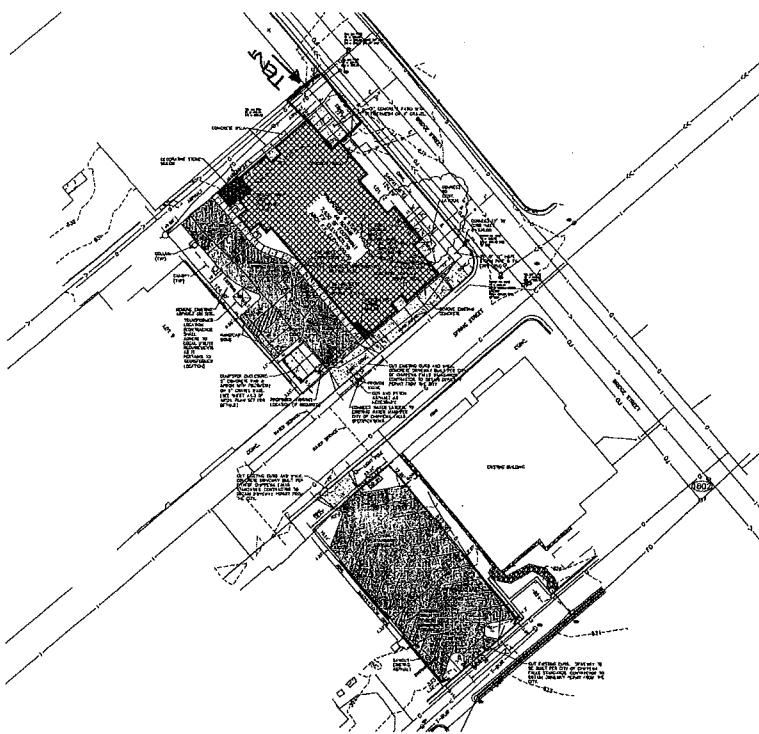
Signature of Business Owner



Date Signed

8/12/10

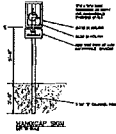
Date of Council Approval



SITE INFORMATION:
 PROPERTY AREA: AREA # 2277 1/2 (24) ACRES
 TOWNSHIP: CO. OSAGE
 PARCELS TOWNSHIP: CO. OSAGE
 PROPOSED USE: HOTEL
 METERS: 100' x 100'
 PROPOSED BUILDING FOOTPRINT: 100' x 100' (AS SHOWN)
 BUILDING OCCUPANCY CLASSIFICATION: H-1
 CLASS OF BUILDING CONSTRUCTION: H-1



STANDARD FINISH OPTIONS:
 1) 4 INCHES ASPHALT CONCRETE OVER 8 INCHES CRUSHED ADDRESSABLE BASE;
 2) 3 INCHES REINFORCED CONCRETE PAVEMENT OVER 4" OF ADDRESSABLE BASE;
 ADDRESSABLE BASE COURSE SHALL CONFORM TO THE REQUIREMENTS OF SECTION 203 OF THE ILLINOIS STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION.



UTILITY USE:
 ALL UTILITY LINES SHALL BE DETALLED WITH PLASTIC COVER.
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OWNER:
 BRAMMING BUILDERS, LLC
 800 AMERICAN DRIVE
 WASHINGTON, ILLINOIS

PROJECT:
 COMBUSTION HOTEL AND SUITES
 CHAMBERS FALLS, ILL.

SHEET ISSUE

NO.	DATE	DESCRIPTION
1	NOV 14 2014	ISSUED FOR PERMITS
2	JUL 14 2014	ISSUED FOR PERMITS
3	JUL 14 2014	ISSUED FOR PERMITS
4	FEB 14 2014	ISSUED FOR PERMITS

SITE PLAN AND UTILITY PLAN
 NORTH
 1" = 20'

PROJECT NUMBER:
 1514840
SHEET:
 C1.0



CERTIFICATE OF LIABILITY INSURANCE

HOTELINT-01 MMEYER

DATE (MM/DD/YYYY)
8/12/2016

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 The Diedrich Agency 222 Blackburn St Ripon, WI 54971	CONTACT NAME: Kate Salas, AFIS PHONE (A/C, No, Ext): 120 E-MAIL ADDRESS: kate@diedrichinsurance.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Hotels International LLC 980 American Dr Neenah, WI 54956	INSURER A: Society Insurance	NAIC # 15261
	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	ADDITIONAL INSURED	SUBROGATION	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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			TBD	07/25/2016	07/25/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 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"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TBD	07/25/2016	07/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			TBD	07/25/2016	07/25/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TBD	07/25/2016	07/25/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
 The following have not elected to be covered by the Workers Compensation: "All members of the LLC".

CERTIFICATE HOLDER City of Chippewa Falls 30 West Central St. Chippewa Falls, WI 54729	CANCELLATION 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
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