



ENCROACHMENT PERMIT APPLICATION

An Encroachment Permit approved by the Ames City Council is required for anything of a "fixed character" which is "upon, over or under" the surface of any "street, alley, or sidewalk."

Applicant is: Property Owner Tenant Contractor

Applicant Name

Address of Encroachment

City State Zip Code

Type of Encroachment:

(If the encroachment is a sign, please apply for a sign permit through the Inspections Division.)

Total Square Feet of the Area to Encroach:
(See attached submittal guidelines.)

Property Owner Name

Mailing Address

City State Zip Code

Daytime Phone Cell Phone

E-mail:

These items must be submitted with your application prior to approval of the permit:

An Encroachment Permit Agreement approved as to form by the City Attorney and signed by the owner of the building where the encroachment will occur (obtained from the City Clerk's Office).

A sketch of the encroaching item (i.e., sign, canopy, awning, etc.) drawn to scale.

A sketch showing the placement of the encroaching item on the property.

An insurance certificate with comprehensive general liability coverage in an amount of not less than \$500,000 combined single limit naming the City of Ames as an additional insured on the policy. Said certificate must be accompanied with a copy of Endorsement CG 2013.

A fee to be determined by the City's Building Official. The fee is \$1.00 per square foot of the encroachment or a minimum of \$25.00.

Applicant's Signature Date

Property Owner's Signature Date

Submit your completed permit application to: renee.hall@cityofames.org
City of Ames
City Clerk's Office
PO Box 811
Ames, IA 50010

For Office Use Only

Documents Received

Date: _____
___ Completed Application
___ Certificate of Inspections sent to PW, P&H, Building Official on _____
___ Review by DRC needed?

Fees

Fee Amount _____
Date Fee Paid _____

Insurance

___ Received _____
___ Approved _____

Agreement

___ Two originals prepared
___ Signed agreements returned

CC Meeting Date _____

___ Added to agenda
___ CAF prepared on T Drive

Follow Up

___ Application approved
___ Agreement signed by Mayor
___ Letter prepared and sent to applicant
___ Clerk's copy of Agreement sent to Recorder _____
___ Add to FMS with insurance expiration date

Notes

