

TEMPORARY OBSTRUCTION PERMIT **APPLICATION**

Please read Section 22.4 of th	e City of Ames <i>Municipal Code</i>	before completing the application.	
Address of Obstruction			Insurance
			Received
Dates of Obstruction	from	to	Approved
Reason for Obstruction			Follow Up
Applicant Name		Phone	Arterial Stree
Address			Route? CC Meeting
City	State	Zip Code	Application a
E-mail			Encroachmen
Property Owner Name		Phone	Needed? Permits datab
Property Owner Address		e	Permit Letter
	5	7: 0 1	Letter copied
City	State	Zip Code	TOP notificat
E-mail			
- 1	Strait Strain Control		Permit Number
rnese items must be subm	itted with your application	prior to approval of the permit:	Special Conditio
Attach a map/diagram showing the area and placement of obstruction.			
comprehensive gen	_ ,	s as an additional insured with ount of \$500,000 combined single g the life of the permit.	
obstruction is in place. This barricades or fencing arour	includes, but is not limited and the obstructed area, as w	ne public during the time this to, placing highly visible construction ell as lighted barricades during the od or plantings that are destroyed	
should substantiated comp		BSTRUCTION PERMIT at any time city or should the removal of the	Application Deni
	egarding the terms of this Pe City Clerk's Office at 515-239	ermit, please refer to Sec. 22.4 of the 9-5105.	
I understand and agree to t	he terms outlined in this agr	reement form.	
Applicant's Signature		Date	

Please return completed application and attachments to: jeramy.neefus@cityofames.org City Clerk's Office City of Ames PO Box 811 Ames, IA 50010

For Office Use Only

Documents Received

Date:
Completed Application
Map/Diagram
Insurance
Received
Approved
Follow Up
Arterial Street or CyRide
Route? CC Meeting
Application approved
Encroachment Permit
Needed?
Permits database updated
Permit Letter prepared
Letter copied and mailed
TOP notification sent
Permit Number Special Conditions:
Special Conditions:
Application Denial Reasons: