

PERMIT #: _____	DATE ISSUED: _____
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ADDRESS OF OCCUPANCY: _____

STREET OR SIDEWALK OCCUPANCY: _____

OCCUPANCY DESCRIPTION: _____

ESTIMATED START DATE: _____ **ESTIMATED COMPLETION DATE:** _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

APPLICANT INFORMATION

OCCUPANCY FEE'S

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LIABILITY INSURANCE CARRIER: _____

POLICY NUMBER: _____

REQUIRED AMOUNT OF INSURANCE?

YES _____ **NO** _____

PROPERTY OWNER (IF DIFFERENT)

PROPERTY OWNER NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF PERMIT	FEE	PER DAY
SIDEWALK	\$ 40.00	\$ 2.50
ROAD SHOULDER	\$ 40.00	\$ 2.50
SIDEWALK & NON METERED SPACES	\$ 40.00	\$5.00 / SPACE
ALLEYWAY	\$ 50.00	\$ 5.00
SIDEWALK & METERED SPACE	\$ 50.00	\$10.00 / SPACE
STREET - INCLUDING SHOULDER	\$ 75.00	\$ 5.00
STREET - INCLUDING NON METER PARKING	\$ 75.00	\$5.00 / SPACE
STREET - INCLUDING METERED PARKING	75	\$10.00 / SPACE

Upon the grant of a permit to occupy any portion of a street or sidewalk for any reason, the applicant agrees to save the City of Lewiston harmless and indemnified from and against all liability by reason of injury or damage to person or property in consequence of any obstruction of street or sidewalk, or of any materials or other things being therein or thereon, or from any excavation or want of light to other proper guard or warnings.

The Applicant further agrees to furnish the City of Lewiston a bond or indemnity insurance for a minimum amount of \$500,000 to protect the City of Lewiston against all claims for damages or injuries to property or persons, whenever requested, and comply with all requirements of the City's occupancy policy.

The Applicant shall be responsible for submitting a traffic control plan and/or pedestrian control plan showing how traffic and pedestrians are to be routed through, or detoured around the occupied area. All signage must be in compliance with the M.U.T.C.D. All sidewalk access must meet the current A.D.A Standards.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY - APPROVALS

Public Works Director: _____	Date: _____
Public Works Traffic Review: _____	Date: _____
Lewiston Police Department: _____	Date: _____
Lewiston Fire Department: _____	Date: _____