

**Memorandum
Public Works Department**



To: City Manager
Subject: Awning on Right of Way at 420 18th Street
Date: June 1, 2015
Number: 2015-100

Mr. Michael Steen of Skellington Manor has submitted a request to install an awning within the street Right of Way (ROW) at their property at 420 18th Street. The awning will be located over their entrance along 18th Street with supports located within the ROW.

Pedestrian traffic along 18th Street should not be adversely affected by the presence of the awning supports within the ROW.

If the City grants Skellington Manor permission to install the awning at this location, they would be required to provide the following:

1. Proof of insurance with the city listed as additional insured to hold the City harmless for any liability due to the presence of the awning and its supports within the ROW. Mr. Steen has already submitted a copy of their insurance certificate.
2. Provide a recordable agreement with the City to maintain the awning. In addition, the agreement should recognize that the City will not replace the awning or supports if it is necessary to remove them in order to maintain any existing or future utilities.

Recommendation

It is recommended that City Council allow Skellington Manor to install the awning and supports within the Right of Way at the above referenced address as long as they provide proof of insurance and a recordable agreement.

Submitted by: Randall D. Tweet, Public Works Director
Michael J. Kane, P.E., City Engineer

Approved by: Thomas Thomas, City Manager

USE OF PUBLIC RIGHT-OF-WAY PERMIT APPLICATION

City of Rock Island Planning Office
 City Hall, 1528 3rd Avenue
 Rock Island, Illinois 61201
 Phone: (309) 732-2900 Fax: (309) 732-2930
 Email: planning@rigov.org



BUSINESS OWNER / APPLICANT / AGENT INFORMATION	
Name: <i>Michael Steen</i>	Phone: <i>563-570-3731</i>
Name of Business Establishment: <i>SKELLINGTON MANOR</i>	
Address: <i>420 18th ST</i>	
Email: <i>STARDUSTRENTALS@MCHSI.COM</i>	
PROPERTY OWNER INFORMATION	
Name: <i>Michael Steen</i>	Phone: <i>563-570-3731</i>
Company Name (if applicable): <i>SKELLINGTON MANOR</i>	
Address: <i>420 18th ST</i>	
Email: <i>STARDUSTRENTALS@MCHSI.COM</i>	
----- <i>If different from applicant, please attach notarized letter of authorization.</i>	
SUBMITTAL REQUIREMENTS:	

- Letter addressed to the City Council describing proposed use, including the description of object(s)/planting(s) proposed, days/hours of operation.
- Notarized authorization of the owner of the property owner allowing submittal of application.
- Drawing or sketch with dimensions, depicting the location of the object(s) or planting(s) proposed to be placed in the public ROW, no larger than 11" x 17" in size.
- NOTE: Any object(s) or planting(s) shall not impede the free passage of pedestrians or vehicular traffic. A minimum of five feet (5') of clear, unobstructed sidewalk width shall be maintained to provide for sufficient pedestrian passage. Proof of comprehensive liability coverage against personal injury and property damage in the amount of \$1,000,000. A Certificate of Insurance naming the City of Rock Island as an individual insured and requiring that the City be notified 30 days prior to any termination or decrease of coverage.

Applicant's Signature: <i>Michael Steen</i>	Date: <i>5/22/15</i>
FOR OFFICE USE ONLY-TO BE COMPLETED BY PUBLIC WORKS DIRECTOR	

APPROVALS

- | | | | | | |
|-------------------|---|-----------------------------|-----------------|------------------------------|-----------------------------|
| CED Department | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Planning Office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Police Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No | City Council | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Public Works Director approval: <i>[Signature]</i>	Date: <i>5/3/15</i>
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To: City of Rock Island
City Council

May 26, 2015

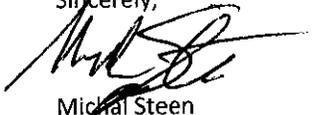
From: Michael & Penni Steen
Skellington Manor, LLC
420 18th Street
Rock Island, Illinois 61201
563-570-3731

To Whom It May Concern:

We are currently participating in the City of Rock Island's Façade program and are interested in having an awning professionally installed by Midwest Awning above our entrance at 420 18th Street. This awning will be ready to be install in approximately 5 to 6 weeks. The design and placement will require a variance since it will extend onto the cities easement/boulevard between the existing sidewalk and the curb. The 2 front supports, the supports closest to the street, will be in that easement area. The awning itself will be 8 foot high and end just before the street. The Support post will be about 2 feet from the street which would put them in the easement area. No part of this awning will restrict or obstruct any pedestrian or vehicular traffic what so ever. The design and placement of the awning is pretty much like Moe's is on 4th Street. A sketch given to us ay Midwest Awning has been submitted.

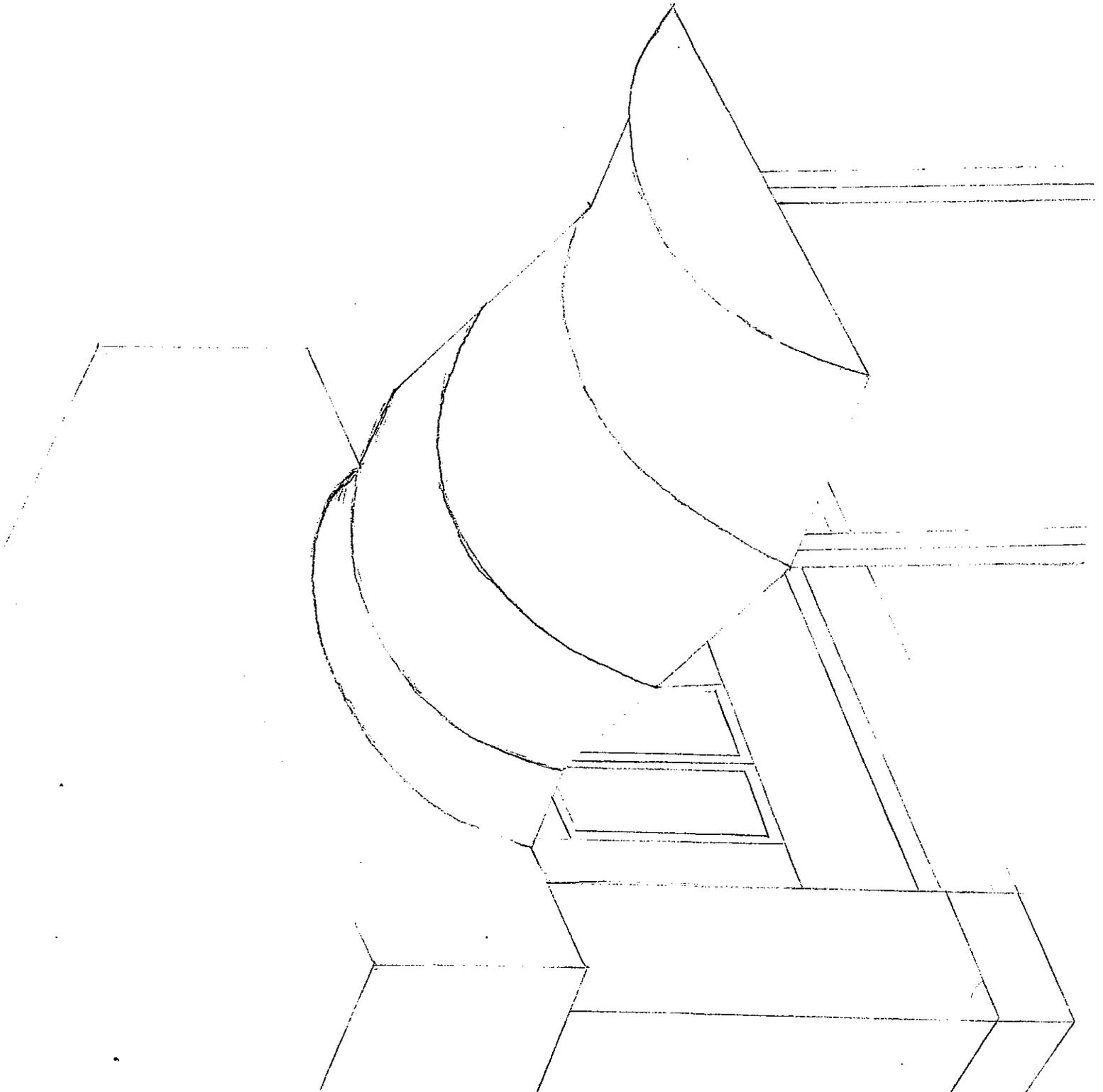
Feel free to contact us at any time if more information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Steen", with a stylized flourish extending to the right.

Michael Steen

Skellington Manor
420 018th St.
Rock Island, IL 61201





CERTIFICATE OF LIABILITY INSURANCE

SKELL-1

OP ID: JA

DATE (MM/DD/YYYY)
05/22/2015

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 Mel Foster Co., Inc. Insurance Department 3218 E. 35th Street Court Davenport, IA 52807 Jeremy Richard	CONTACT NAME: Jeremy Richard PHONE (A/C, No, Ext): 563-359-5446 E-MAIL ADDRESS: jeremyr@melfosterinsurance.com	FAX (A/C, No): 563-359-6432
	INSURER(S) AFFORDING COVERAGE	
INSURED SKELLINGTON MANOR LLC MICHAEL STEEN DBA 420 18TH STREET ROCK ISLAND, IL 61201	INSURER A : NATIONAL SPECIALTY INSURANCE	
	INSURER B : LLYOD'S	
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	NSJ1710184	01/09/2015	01/09/2016	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> LIQUOR LIAB					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQ LIAB \$ 1,000,000	
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		LIQ209931	01/09/2015	01/09/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$	
	<input type="checkbox"/> 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 <input type="checkbox"/>	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	PROPERTY		NSJ1710184	01/09/2015	01/09/2016		

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

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY
 FAX: 309-732-2055

CERTIFICATE HOLDER

CITYRII

CITY OF ROCK ISLAND
 1528 3RD AVE
 ROCK ISLAND, IL 61201

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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