

CITY OF POLSON PUBLIC RIGHT-OF-WAY ENCROACHMENT REVOCABLE PERMIT

New () Renew ()

Name of Applicant(s): _____

Name of Owner: _____

Name of Business: _____

Location Address: _____

Mailing Address: _____

Phone: _____

GENERAL CONDITIONS:

1. **The applicant must receive City Council approval**
2. **The location shall have a sidewalk with a minimum width of ten (10) feet.**
3. **This permit shall be valid for one year (April 1st to March 31st), and must be renewed annually.**
4. **A sketch must be provided that depicts the size and location of the requested item(s) within the right-of-way**
5. **This revocable permit is non-transferable and good for the listed item(s), business and address on the permit application**
6. **The City of Polson reserves the right not to renew permits**
7. **The owner must secure and furnish a certificate of liability insurance, with coverage of \$1,000,000 per occurrence naming the City of Polson as additionally insured**
8. **A minimum five-foot sidewalk aisle shall be maintained for pedestrian travel at all times**
9. **The item(s) shall be placed so as not to impede pedestrian traffic and/or safety**
10. **This permit is specific to the right-of-way in front of the business applying for the permit**
11. **The owner shall obey all state and local statutes and ordinances that are applicable to the encroachment.**
12. **The permittee shall indemnify the city against any and all liability, loss or damage that the city may suffer as a result of claims, demands, costs or judgements resulting from the item(s) in the public right-of-way.**

CHECK APPROPRIATE BOX(S) FOR PERMITTED USE(S) THAT ARE BEING REQUESTED:

	SIDEWALK SIGNAGE
	SIDEWALK BENCH(S)
	SIDEWALK BICYCLE RACK(S)
	SIDEWALK DISPLAY(S)
	SIDEWALK PLANTER(S) AND/OR TRASH RECEPTICLES
	OTHER - ATTACH EXPLANATION AND SKETCH TO PERMIT

It is expressly understood and agreed that the undersigned agrees to maintain and leave all facilities in a clean, safe, and sanitary manner, at no cost to the City of Polson, and shall comply with all ordinances, conditions, statutes and regulations applicable thereto. Failure to do so will result in the undersigned paying all costs incurred by the City of Polson to return the premises to its original condition.

THE CITY OF POLSON RESERVES THE RIGHT TO REVOKE OR TERMINATE THIS PERMIT AT ANY TIME BY GIVING 30 DAYS WRITTEN NOTICE OF SUCH REVOCATION OR TERMINATION, EXCEPT THAT THE CITY MAY, AT ITS ELECTION, REVOKE OR TERMINATE THE PERMIT AT ANY TIME WITHOUT GIVING ANY NOTICE IF THE OWNER FAILS TO COMPLY WITH OR ABIDE BY EACH AND ALL OF THE PROVISIONS OF THIS PERMIT.

Further, the undersigned acknowledges that this special permit is active for the specified dates and times noted under the general conditions, and that the permit is nontransferable.

BY _____

ACKNOWLEDGEMENT

STATE OF MONTANA)
) ss.
County of Lake)

On this _____ day of _____, 199____, before me, a Notary Public for the State of Montana, personally appeared

_____,
Known to me to be the person(s) whose name(s) are subscribed to the above instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial seal the day and year first above written.

Notary Public for the State of Montana

Residing at _____

My commission expires: _____

PERMIT APPROVED ON THIS _____ OF _____, 199__.

PERMIT EXPIRES ON THE 31st DAY OF MARCH, 199__.

THE CITY OF POLSON

BY _____
MAYOR OF POSLON