



City of Amery

City of Amery
104 Maple St W, Suite A
Amery, WI 54001
Phone: (715) 268-7486

SIDEWALK USE PERMIT

Applicant Name:	Applicant Address:
Telephone Number:	Email Address:

- Description of premises:

- Attach plan showing location, size and shape of items that will be placed on the sidewalk. A minimum of 4ft of passing area must be left open along the sidewalk at all times per ADA compliance, and the dark gray boulevard cannot be included in this passing area.
- Provide proof of liability insurance in force for the permit period covering the premises applied for with minimum limits of \$500,000 for property damage and \$500,000 for personal injury.

I have completed this application to the best of my knowledge and believe the information herein to be true and correct. I understand that the permit period shall be for one year from July 1 to June 30.

Signature of Applicant

Date

Authorization: The City Administrator/Clerk-Treasurer, acting under the power given under Ordinance 370-9 Obstructions and Encroachments of the City of Amery do hereby:

_____ Accept your application for and do hereby authorize the issuance of a Sidewalk Use Permit.

_____ Accept your application for and do hereby authorize the issuance of Sidewalk Use Permits with the conditions listed below.

_____ Reject your application for a Sidewalk Use Permit for the reason(s) given below.

City Administrator/Clerk-Treasurer

Date