



Sign Permit Application
 Code Enforcement Division
 1 Riverfront Plaza Suite 110
 Lawrence, KS 66044
 Phone: (785) 832-7700
 Fax: (785) 832-3110



Today's Date: 9-20-2006

1. Type of sign: Erect new sign: _____ Permanents Temporary (From: 9/27/2006 to 10/10/2006)
 -OR-
 Rework or Replace Existing Sign

2. Business Name: LAWRENCE Chamber of Commerce

4. Business Address: 734 VERMONT ST, SUITE 101 Zoning of Business: _____

5. Supported by: Ground Sign/Surface Mounted Ground Sign/Pole Mounted Wall Mounted
 (Existing Signs Only)

6. Single Face Double Face TIED TO EXISTING POLES

7. Illuminated by: Fluorescent Tubes Inside Neon Spot or Floodlights Goosenecks

8. Made of: Plastic with Metal Frame Metal Only
 Other (explain) Nylon mesh 40'x4'

9. Additional Information:

Lot Frontage _____
 Sign Square Footage _____
 Estimate Cost _____

Wall Square Footage _____
 Set back From Property Line _____

Attachments: An Overhead Site Plan and a Drawing or Picture of the Sign are required. Please attach these and any other drawings or sketches. Include all dimensional information on this application.

Applicant Name: <u>Bob Ganner</u>
Applicant Address: <u>734 Vermont St.</u>
Phone Number: <u>865-4490</u>
Signature: <u>Bob Ganner</u>
Sign Contractor: _____
Sign Manufacturer's UL File #: _____ (Electrically Lit Signs only)

Billing Information:
Name: <u>LAWRENCE Chamber of Commerce</u>
Address: <u>734 Vermont St, Suite 101</u>
City: <u>LAWRENCE</u> State <u>KS</u>
Zip Code <u>66044</u>

For Staff Use:

Approved On: _____

Approved By: _____

PERMIT Number: _____

PAID: STAFF Initials _____

For Temporary Signs: Inspection Date: _____ Inspector Id: _____

www.lawrenceneighres.org

buildinginspections@ci.lawrence.ks.us

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2006

PRODUCER Calvin, Eddy & Kappelman, Inc. 1011 Westdale Rd Lawrence, KS 66049		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Phone No. (785) 843-2772	Fax No. (785) 843-1583	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Lawrence Chamber of Commerce 734 Vermont St Lawrence, KS 66044		INSURER A: CLA - Clarendon National Insurance Company	
Phone No. (785) 865-4490		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
CLA		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR LIQUOR LIABILITY EXCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ECP000620-03-015623	10/06/2006	10/08/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				Coverage \$ Deductible \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS: *Split Dates apply to all coverages in the specified section.

Certificate Holder is named as an Additional insured as their interests may appear.

Coverage Location: United States & Canada
 Event: Get Downtown

All coverages expire at 12:01 a.m. Standard Time.

CERTIFICATE HOLDER The City of Lawrence, Kansas ATTN: Dave Corliss 6 E 6th St Lawrence, KS 66044 Phone No. _____ Fax No. _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 1 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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● location of either utility poles or stop light poles

