DODGE COUNTY MOVING PERMIT



This is to advise you, Williams Midwest House Movers that your Permit Appli-
cation Number <u>357</u> has been approved to move
wood framed house
over the routes indicated on your attached map on <u>April 29</u> , 20 <u>20</u> .
Dodge County Highway Superintendent
By
<u>4-21-2020</u> Date
Please let us know when you have completed the more. Thanks Agenda Item #_ 26 a
Date 5/6/20

2020 APR 21 PM 2: 31

RECEIVED
RECEIVED Dept

DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 257

1. THAT, The Applicant, Williams Midwest	Housemovers, Inc	a
wood framed home	over the	1e
Public Right-of-Way in Dodge County, Nebraska on	1 April 29,	
20_20 over the following route per attached map	p. '	

- 2. THAT, the Applicant does hereby agree to hold the County of Dodge, Officers, Agents, or Employees forever harmless from any and all liabilities resulting from said move.
- 3. THAT, the Applicant shall provide all barricades, flags, flag people, vehicles, and warning lights necessary for adequate warning to other road users.
- 4. THAT, the Applicant hereby submits a Certified Check in the amount of \$500.00 made payable to the Dodge County Highway Department, which shall become the property of Dodge County as liquidated damages, if any signs, bridges, or any other county or township property is damaged, as well as tree trimmings, moving blocks, and any other tools that are left remaining in Dodge County's Right-of-Way. The Check will be returned after 5 days from the date of permit application if all of the above requirements are met.
- 5. THAT, the Applicant shall submit an **Insurance Certificate** with this application, verifying <u>General Liability of \$1,000,000.00</u>; <u>Personal Injury of \$500,000.00</u>; <u>Medical Expense (Any one person) of \$5,000.00</u>; <u>Each Occurrence of \$500,000.00</u>.

a m	
	PR COM
John Williams	
Signature of Applicant	TO B
PO BOX 551	33
Applicant's Address	The state of the s
Hastings, NE 68902	williams midwest @ ymail. com

Date Flled with Dodge County Board of Supervisors

DEPARTMENT OF ROADS

APPLICATION FOR PERMIT TO MOVE BUILDING ON STATE HIGHWAYS

TO: NEBRASKA DEPARTMENT OF ROADS

Application is herel and dollies exceeding reach its destination	ig the 14:	сосиз	KA #111	HEREIONS	i# rc	chara co	n building dimension lovers	and weight,	wing describble nons	र जि	vehicle precssity ಕ ಕ	y une Stat	combinations c Highways to
Name of Vehicle Ow	ner	•••••						. Address	ASTIN	۵S	, NE	. 6	8902
TRUCK MAKE	YEAR	₹	LICENSE NO.			STATE	ATE THAILER AF		R DOLLIES	DOLLIES L		LICENSE NO.	
ETER BILT	2000	0		016	<u>,</u>	NE. PRO							
Load Owned By	Curt	Ţ.Š.						оГ					****
Overall Width	51'			Overs	dl H	elght	31	*******	Overall	Lengt	h	78'	***************************************
Total Weight of Truc	k, Truck	Trac	or, Tr	ailer and	Doll	lies	,000	Poun					
Total Weight of Build								i.					
Total Gross Weight o							00	., Pounds			"		
NO. AXLES		1		2		3	4	6	6		7	8	9
WEIGHT ON EACH AXLE	10	0,000	b 17	7,000	17,	,000	17,000	17,000	17,000		000		-
AXLE SPACING		187		4811	2	0'	17,000. 52"	17,000	17,000	17/	, 000		
Number of wheels the								Size of w	}	llies .	10:00	»" <u>Х</u>	15"
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	. 7	187	7-14	}" ←	T	-20' <u>-</u>	—> ⁷	2 -10'	→ 152	←	_ {		
Route: Highw	ay .	3 <i>o</i>		fron	7	Cev	iter <	54. j'n	Rog	er s	s to	Cou	inty
Highway		l.l	oun	ty Rd	ne) to	5 m	iles bster	Ave -	6	5 m	iles	

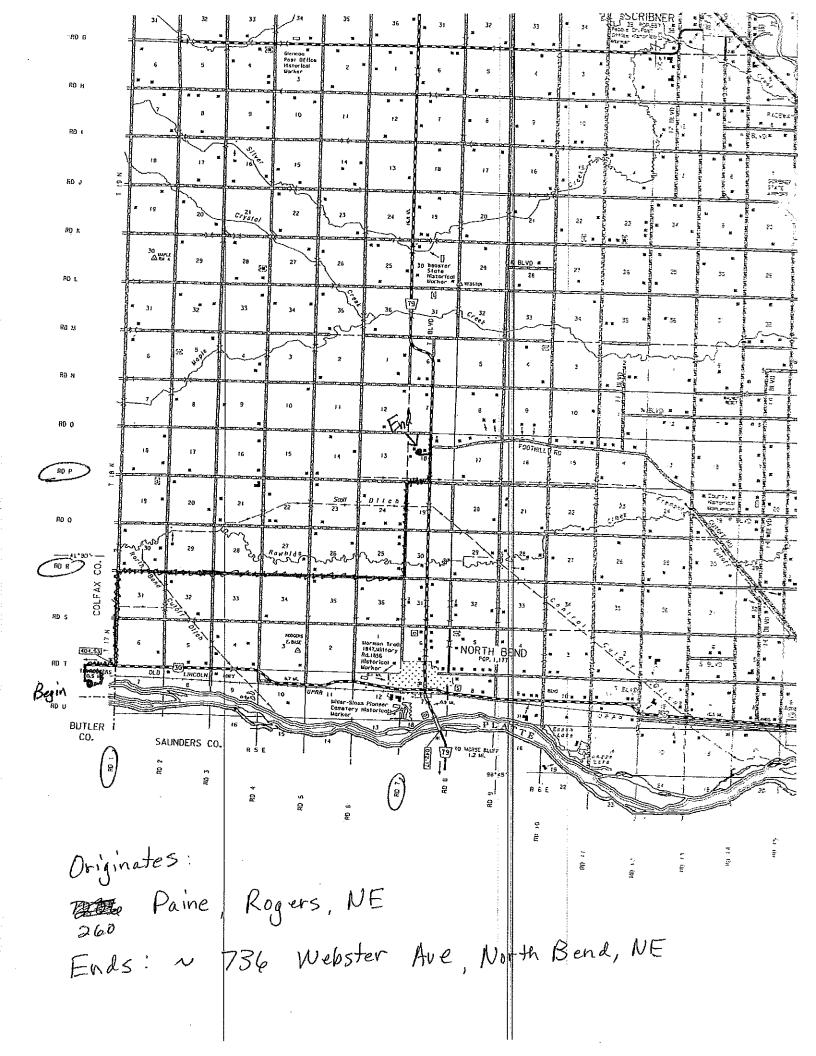
Move to begin Ap.	<u>ri)</u>	Þ	9	Q	3	<u>D</u> . 1	lours:	9.00 a	m	*****	••		
Name of Insurance Ca	rried	BI	Tun	UINO	U S	5		Am	unt of Insu	tranc	. 1	,000,	000,
A cashier's check or m	ioney ord	ler in	the ar	mount of	\$			deposited	ht			**********	Office,
made payable to the Inspection of the mov	Departme by the	tent Dep	of Ro artme	ads to co nt or any	ext over	any dam enses inc	age to hig! urred by t	iways or stru he Departme	dtures or the total	o pay ie mo	r the co: ove being	st of any gmade, If	no expenses for
or damages occur from	the mor	ve, th	e chec	k will be	(1)[retur	ned to own	ier, or (2)	remaln o	ı dep	osit.		
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PERMIT FEE: \$10.00 Address							SULULLIAMS 719 W. 35 TH ST. TINGS, NE. 68901 888 462-8231						
				-			, Tel	ephone No	888	4.	62.8	323	
				Sec R	ever	se Side fo		d Regulation					

Nebr	aska Route Survey Form		\$ \$	
Ne	ote: Form must be typed, complete.			
Carrier's Name: Will	liams Midwest Housemou	ers	Inc	
Address: City: Hast				Zip: 68102
Phone No.: 402 462-		msmi	dwest	@ gmail.com
Load Description:				
Width: Height:	Length of truck and trailer includin	g any ov	erhang:	
Does trailer have rear-stee	rable axles? Yes No	100		
Route Survey Complete	ed Bv:		!	
	liams Midwest Housemo	vers	Inc	•
Address: City: Has	tings State:	NE		Zip: 68902
Phone No.: 402 46	State: 2-82-3/ Email Address: Willia	nsmi	dwest	e gmail.c
Survey Driver's Name:	John Williams			<u> </u>
Route Description:		,		
Starting Point in NE:	Painest, Rogers, NE			
Route: See				
Ending Point in NE:	736 Webster Ave			
I certify that on 4-/3	I physically completed the above	route su	rvey with a	height pole set
at <u>31</u> feet <u>0</u>	inches. No obstructions were encountered a	or belo	wthe heig	ht of this load or
that would cause property	damage or block oncoming traffic for a load of	this heig	ht <i>(unless</i>	- I - No. 1
Height Exceptions: (Us	e additional typed sheet(s), if necessary.)			2020 APR
		1		-
,		***************************************		PH
•				No.
I certify that on 4-/3		oute su	vey and e	ncountered no
• .	to the length of the truck and trailer combined	thatwo	uld cause	property damage
or block oncoming traffic fo	r a load of this length (unless noted below).	A straight of the straight of		
DR Form 85, September 2014			•	Page 1 of 2

Nebraska Department of Reads Transportation

Application(s) No.;

Length Exceptions: (Use a	dditional typed sheet(s), if necessary.)	
Nov	P	
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l certify that on <u> 4-73-</u> ス (MM/DD/Y	D I physically completed the above ro	ute survey and encountered no
problems due to the width of the of this width (unless noted below)	is load that would cause property damage ow).	block oncoming traffic for a load
Width Exceptions: (Use ad Non e	Iditional typed sheet(s), if necessary.)	
		:
Survey Driver's Signature:		me: John Williams
Typed or electronic signatures	אווו חסז pe accepted. completed by applicant/carrier for loa	de 16 fact or higher
	this move? Yes - Complete & Sign Cer	\$! \$
•	☐ No – Sign Certification	
Certification	-ffines under eath the fellowing:	,
•	affirms under oath the following:	to the state and seems and seems and
As of $\frac{4-1-20}{(MM/DD/YY)}$	I have contacted the electrical utilities affe	ected by this move and made
	for the safe movement of this load under ar	y lines owned by said utilities.
Const	Ilt <u>www.nrea.org</u> for a list and map of electr	
Applicant/Carrier Signature:	John Williams Print Na 3/3/Title: President	me: John Williams
Phone No.: 402 462-8	3/3/Title: President	
Email Survey to	NDOR Permit Office at dor.ntpsweb(Onebraska.gov
Su	rvey is valid for 30 days from date of con	pletion.
		Page 2 of 2
		:
		-



GMYERS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2020

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 DEPORTS THAT WE OR PRODUCED AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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). CONTACT Gabriela Myers FAX (A/C, No): (402) 884-1833 Ellerbrock-Norris Agency, Inc. P.O. Box 816 PHONE (A/C, No, Ext): (402) 884-1320 701110 E-MAIL ADDRESS: gmyers@ellerbrock-norris.com Hastings, NE 68902-0816 INSURER(S) AFFORDING COVERAGE NAIC # 20095 INSURER A : BITCO Insurance Companies INSURER B : Continental National Indemnity INSURED INSURER C: Williams Midwest Housemovers, Inc. P. O. Box 551 INSURER D: Hastings, NE 68902-0551 INSURER E INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 1/1/2020 1/1/2021 CLP3689085 CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG X POLICY Loc OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 Α AUTOMOBILE LIABILITY 1/1/2021 1/1/2020 CAP3689087 BODILY INJURY (Per person) Х ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR CLAIMS-MADE AGGREGATE **EXCESS LIAB** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 500,000 1/1/2021 1/1/2020 46-034260-01-15 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A 500,000 E.L. DISEASE - EA EMPLOYEE 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 120,000 1/1/2020 1/1/2021 Trans, Coverage CLP3689085 Motor Truck Cargo DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER 17 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE TILL BE DELIVERED IN **Dodge County Highway Department** ACCORDANCE WITH THE POLICY PROVISIONS. 435 N. Park Ave Fremont, NE 68025 AUTHORIZED REPRESENTATIVE