

**DODGE COUNTY MOVING PERMIT**

Agenda Item # 24a

Date 5/5/21

This is to advise you, Barenhart Crane that your Permit Appli-

cation Number 306 has been approved to move self-propelled crane

Hwy 275, Morningside Rd. Old 275, E Cloverly Rd, Hwy 77 to Adm's back

over the routes indicated on your attached map on 4-19-2021, 20  .

*auth.* Jean Andrews  
Dodge County Highway Superintendent

By \_\_\_\_\_

04-16-2021  
Date

**COPY**

# DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 306

1. THAT, The Applicant, Barnhart Crane, applies to move a Hwy 275, Morningside Rd, old 275 E Cloverly Rd, Hwy 77 to ADM over the & Return Public Right-of-Way in Dodge County, Nebraska on 4/19/2021, 2021 over the following route per attached map.

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 General Liability of \$1,000,000.00; Personal Injury of \$500,000.00; Medical Expense (Any one person) of \$5,000.00; Each Occurrence of \$500,000.00.

B.M.Z.  
Signature of Applicant

5910 S 27th St Omaha, Ne 68107  
Applicant's Address

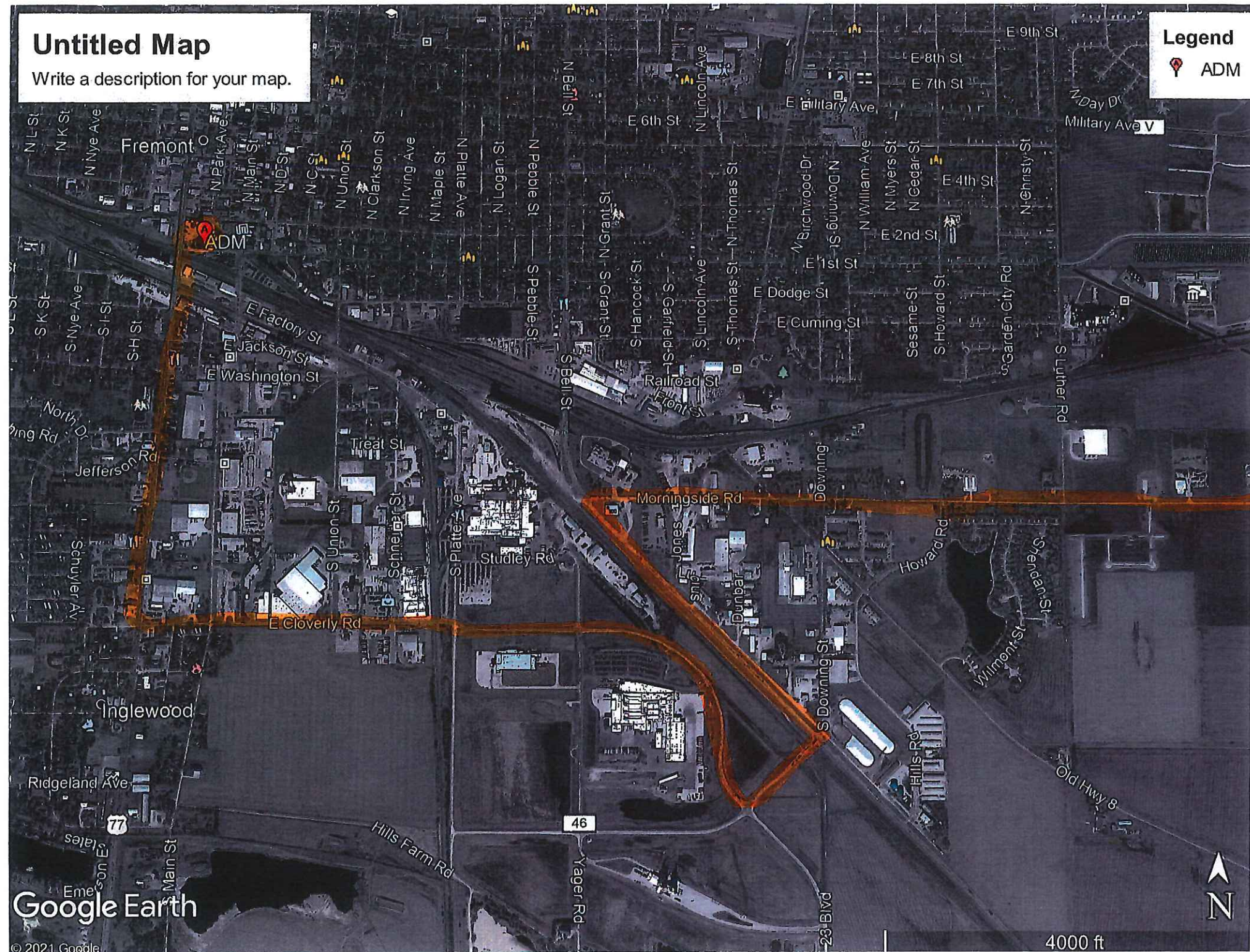
\_\_\_\_\_  
Date Filed with Dodge County Board of Supervisors

# Untitled Map

Write a description for your map.

## Legend

ADM



Google Earth

© 2021 Google

4000 ft

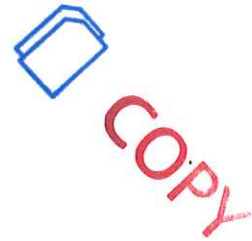
**DODGE COUNTY MOVING PERMIT**

This is to advise you, Norman Dozer Service that your Permit Application Number 285 has been approved to move 40' x 60' bldg.  
over county roads  
over the routes indicated on your attached map on April 24, 2020 ~~20~~ 21

Scott Deppert  
Dodge County Highway Superintendent

By Sean Andrews

April 23, 2021  
Date



# DODGE COUNTY MOVING PERMIT APPLICATION

For Buildings over 12 feet in Width

Number 285

1. THAT, The Applicant, Norm Patzel, applies to move a 40x60 Building over the Public Right-of-Way in Dodge County, Nebraska on \_\_\_\_\_ 20\_\_\_\_ over the following route per attached map.

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 General Liability of \$1,000,000.00; Personal Injury of \$500,000.00; Medical Expense (Any one person) of \$5,000.00; Each Occurrence of \$500,000.00.

Norm Patzel  
Signature of Applicant

205 E. MAHAN  
Applicant's Address

ALBION MO 68620

December 16, 2020  
Date Filed with Dodge County Board of Supervisors

T-19-N

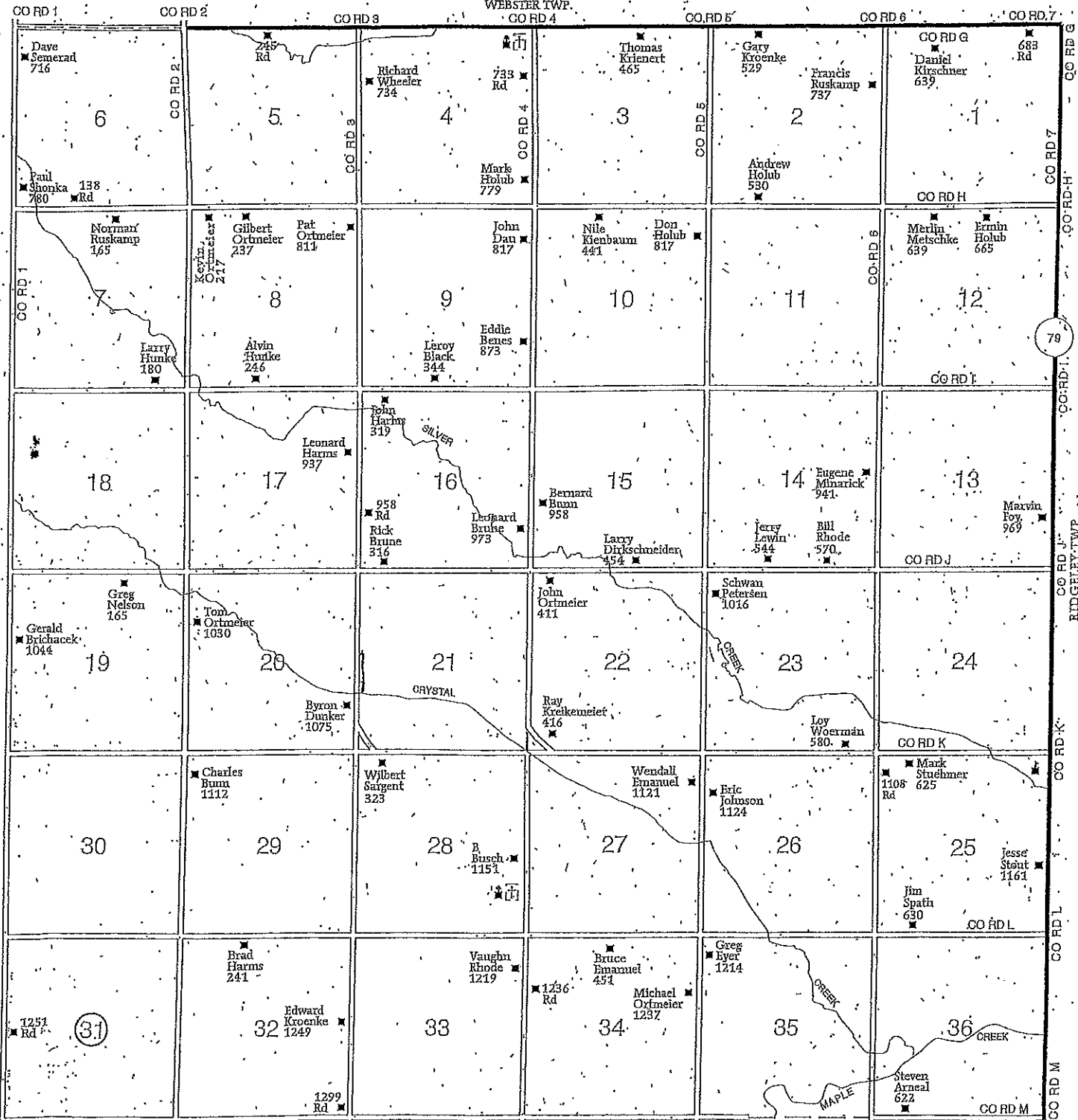
# PLEASANT VALLEY DIRECTORY

R-5-E

(Residents - Owners or Renters)

WEBSTER TWP.

UNION TWP.



COLFAX CO.

41,5748

-96.8986

UNION TWP.

CO RD G  
CO RD H  
CO RD I  
CO RD J  
CO RD K  
CO RD L  
CO RD M  
RIDGELEY TWP.

# RIDGELEY

T19N - R6E

	7 PEBBLE	8	9	10	11	12	PREC 13
PREC 6	1 Monte Hoyer George Stuckamp 6 Ronald Westerman Joseph Kaup	5 Jim Kistau	7 Kenneth Low 7 Tim Kistau	3 Jaanne Popken	2 Kerry Boyle John Burger Steve Helgenberger Joe Puchner	1 Arlene Witt Sid Ready	1 Ronald Witte
H	7 John Kraikemeier Alan Legband	8 Kenneth Dirkschneider	9 Jack Sputh	10 Myron Fischer William Smith	11 Sean Hage	12 Charles Howe Tami Rowe	
I	18 Harold H. Porter Marya Porter	17 David Schnoor Lloyd Wegner	16 Alarice Kluge Joseph Peters	15 Gary Peters Alvin Schauer	14 Arden Haverkost	13 Bob Stollberg	
J	19 Norman Heese Kip Bruce Voss Ferguson	20 Keith McManigal	21 Michael Kirchner	22 Vernon Howard Roemer Ryan Palmer	23 Dan Dalezal Tim Peters James Bahl Rod Papisek	24 Dann Ron, Carl Settles Schless Garden Rodger VonSeggren marlyn Peters	
K	30 Marvin Wietfeld Roger Halub	29 Donald Porter	28 LaVonne Bahl Curtis Stuehmer	27 Kent Giesselman	26 Lowell Peters Gayle Peters	25 Gene Haverkost Craig Steg	
L VALLEY	31 Donald Andrews	32 Melvin Dodge	33	34 Harland Porter	35 Robert Johnson Edward Hobasac	36 Kenneth Scholl Ed Faltin	L BERGER
M PLEASANT							PREC
	COTTERELL						



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/24/2020

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 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).

<b>PRODUCER</b> The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): 402-861-7000 FAX (A/C, No): E-MAIL: ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Addison Insurance Company</td> <td>10324</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Addison Insurance Company	10324	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER A : Addison Insurance Company	10324													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														

**INSURED** NOR00147 Norm's Dozer Service Inc  
16211 Hwy 1  
Weeping Water NE 68463

**COVERAGES** CERTIFICATE NUMBER: 1110917873 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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			60516574	5/24/2020	5/24/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			60516574	5/24/2020	5/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			60516574	5/24/2020	5/24/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  DODGE COUNTY 435 N. PARK ST, ROOM 204 FREMONT NE 68025	<b>CANCELLATION</b>  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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