

CITY OF SPEARFISH ENCROACHMENT PERMIT APPLICATION



Staff Contact Information: Jayna Watson, City Planner (605) 717-1122 jayna.watson@cityofspearfish.com
Desirae Mayo, Asst. City Planner (605) 717-1116 desirae.mayo@cityofspearfish.com

Applicant Name (*please print*): _____

Phone Number: _____ Email Address: _____

Printed name and title (if any) of the person who will sign the Encroachment Agreement:

Name: _____ Title: _____

Address where encroachment is requested: _____

Will this result in the permanent use of city property? Yes No

If no, please indicate dates of encroachment: Start Date: _____ End Date: _____

COMPLETE THIS SECTION FOR NEW CONSTRUCTION ONLY:

Contractor Name: _____

Contractor Address: _____

Phone Number: _____

Please describe the proposed or existing use of City property you wish to secure with this permit:

IN ADDITION TO THIS COMPLETED APPLICATION, APPLICANT MUST PROVIDE THE FOLLOWING:

- 1) \$100 Application Fee - check payable to City of Spearfish.
- 2) Scaled drawing indicating the size, location and type of improvements within encroachment area plus overall dimensions of encroachment area.
- 3) A certificate of liability insurance with the following minimum limits, as applicable:
 - a) Commercial Property
The applicant shall maintain for the life of the encroachment public liability and property damage insurance with minimum limits of \$1,000,000 per occurrence/\$2,000,000 general aggregate coverage. The city of Spearfish must be named as a certificate holder and an additionally insured.
 - b) Residential Property
The applicant shall provide \$500,000 personal liability coverage.
- 4) If the applicant is a corporate entity, the applicant shall submit a copy of the current year Annual Report on file with the South Dakota Secretary of State.

Applicant Signature

Date