



## ENCROACHMENT PERMIT APPLICATION

An Encroachment Permit approved by the Ames City Council is required for anything of a "fixed character" which is "upon, over or under" the surface of any "street, alley, or sidewalk."

Applicant is:                      Property Owner                      Tenant                      Contractor

### Applicant Name

### Address of Encroachment

City    State    Zip Code

Type of Encroachment:

(If the encroachment is a sign, please apply for a sign permit through the Inspections Division.)

Total Square Feet of the Area to Encroach:

(See attached submittal guidelines.)

### Property Owner Name

Mailing Address

City    State    Zip Code

Daytime Phone    Cell Phone

E-mail:

These items must be submitted with your application prior to approval of the permit:

An Encroachment Permit Agreement approved as to form by the City Attorney and signed by the owner of the building where the encroachment will occur (obtained from the City Clerk's Office).

A sketch of the encroaching item (i.e., sign, canopy, awning, etc.) drawn to scale.

A sketch showing the placement of the encroaching item on the property.

An insurance certificate with comprehensive general liability coverage in an amount of not less than \$500,000 combined single limit naming the City of Ames as an additional insured on the policy. Said certificate must be accompanied with a copy of Endorsement CG 2013.

A fee to be determined by the City's Building Official. The fee is \$1.00 per square foot of the encroachment or a minimum of \$25.00.

Applicant's Signature    Date

Property Owner's Signature    Date

Submit your completed permit application to:

[grace.bandstra@cityofames.org](mailto:grace.bandstra@cityofames.org)

City of Ames  
City Clerk's Office  
PO Box 811  
Ames, IA 50010

## For Office Use Only

### Documents Received

Date: \_\_\_\_\_

\_\_\_ Completed Application

\_\_\_ Certificate of Inspections

sent to PW, P&H, Building

Official on \_\_\_\_\_

\_\_\_ Review by DRC needed?

### Fees

Fee Amount \_\_\_\_\_

Date Fee Paid \_\_\_\_\_

### Insurance

\_\_\_ Received \_\_\_\_\_

\_\_\_ Approved \_\_\_\_\_

### Agreement

\_\_\_ Two originals prepared

\_\_\_ Signed agreements returned

CC Meeting Date \_\_\_\_\_

\_\_\_ Added to agenda

\_\_\_ CAF prepared on T Drive

### Follow Up

\_\_\_ Application approved

\_\_\_ Agreement signed by Mayor

\_\_\_ Letter prepared and sent to applicant

\_\_\_ Clerk's copy of Agreement sent to Recorder \_\_\_\_\_

\_\_\_ Add to FMS with insurance expiration date

### Notes

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