



City of Tacoma
Real Property Services

APPLICATION FOR
STREET OCCUPANCY PERMIT

10-182
SOP380

Under the provisions of the Tacoma Municipal Code, Chapter 9.08, STREET OCCUPANCIES, the City may grant permits for the private use by abutting property owners of street and alley rights of way. Street Occupancy Permits carry with them certain conditions and obligations for the user and require that the occupancy and use not interfere with the primary purpose of the right of way, that of public travel. A copy of Chapter 9.08 is attached.

Effective January 1, 2005. A fee of \$320.00 is required for Street Occupancy Permit requests (Public Work Fee Code - Ordinance 27305). NOTE: Groundwater Monitoring Wells require a supplemental application. The required fee must be submitted with the application package. Please know that once paid, this fee is not refundable. Other costs will include the actual Pierce County Auditor Recording Fee which varies by document size. Additional costs may include administration, inspection, and policing fees when appropriate. Checks or Money Orders are to be made payable to "City of Tacoma Treasurer".

The undersigned hereby applies for a Street Occupancy Permit for a private use of public right of way within the City of Tacoma.

APPLICANT INFORMATION

Property Owner: Block Enterprises

Mailing Address: 5235 S Washington, Tacoma WA 98409

Responsible Party: South Tacoma Business District
(Representative) Pete Bristow, Exec Board Phone: 253-471-1663
Fax/Email:

Billing Address: PO BOX 9445, Tacoma WA 98490-0445

Legal Description: Section 24 Township 20 Range 02 Quarter 14 MECHANICS
(Lot, Block, Subdivision, etc.) SUPPLEMENTARY AMENDATORY: MECHANICS SUPPLEMENTARY

Parcel Number(s): AMENDATORY L 1 THRU 4 B 9 #5740000490

Proposed Use: Public Art (Life-sized metal horse)

ATTACHMENTS

In connection with this application the following is submitted as necessary.

- Site Plan showing the applicant's abutting parcel(s) and depicting the exact location and dimensions of the area required. Clearly label property lines and distances from curbs and sidewalks (right-of-way centerlines will be required for soil nail elevation drawings). Plainly indicate total square footage of occupancy.
- Plans and Specifications for any utilities to be constructed.
- Proof of ownership if the request is to construct a subsurface use. (Last Deed, title report)
- If the application is for a surface occupancy in shoreline districts S-1 through S-12, the Director of Public Works may require proof of compliance with Chapter 13.10, TMC, SHORELINE MANAGEMENT. Please inquire prior to submitting this application.

The applicant understands that that they will be required to hold the city harmless from any claims arising from its use of the right of way and that the applicant will be required to maintain insurance naming the City of Tacoma as an additional insured for the duration of the permit. All Insurance forms and renewals must include reference to the specific Street Occupancy Permit number or Assessor Parcel Number(s).

If the proposed use involves construction of structures or utilities, additional permits and work orders may be necessary. Before beginning any work, please check with the Building & Land Use Department for any additional requirements.

Please sign this application after completing all necessary information and providing required attachments. Submit to City of Tacoma, Real Property Services, 747 Market Street, Room 737, Tacoma, WA 98402-3701.

Responsible Party Signature _____

Date _____



HORSE IS 80" X 36" 60" TALL



Back work ↓



LIFE SIZE METAL HORSE SCULPTURE

- HORSE TO BE ATTACHED TO METAL PLATE
- METAL PLATE TO BE ATTACHED TO SIDEWALK
- THE PLATE IS TO BE ATTACHED WITH IN THE YELLOW MARKINGS IN PHOTO
- TRASH CAN TO BE MOVED CLOSER TO CORNER MORE IN LINE WITH THE TRANS CAN ACROSS THE STREET
- THE SIDEWALKS IN THIS AREA ARE 16 FEET WIDE
- THE RINGS ON THE TOP OF THE HORSE AND THE CROSS BARS ON THE FEET ARE IN PLACE FOR MOVING AND WILL BE REMOVED
- THE FEET WERE WRAPED FOR MOVING ALSO



block enterprises
I N V E S T M E N T S

COPY

June 18, 2010

South Tacoma Business District Association
Post Office Box 9445
Tacoma WA 98490-0445

Re: Support for Placement of Life-Sized Metal Horse

Board Members;

It gives me great pleasure to confirm Block Enterprises support of the South Tacoma Business District's neighborhood art project, the life-sized metal horse sculpture. As you may recall, Block Enterprises made an initial contribution of \$500 towards the commission of this piece.

We have been actively involved in revitalization efforts within the South Tacoma Business District over the past several years. Block Enterprises has been active in refurbishing properties within the district and we value historic preservation. As an investor and association member, we view participation in this art project as a natural extension of our current vision and focus.

We are extremely pleased with the proposed placement of the horse sculpture on the public right of way near our property at 5206 South Tacoma Way. It is exciting to be a part of an effort to bring an art piece to our district that highlights our transportation heritage.

We are pleased to be a partner on this project and look forward to working with the South Tacoma Business District Association on its completion.

Sincerely,

BLOCK ENTERPRISES, LP

David Block

Parcel Summary for 5740000490

06/28/2010 02:33 PM

Property Details		Taxpayer Details	
Parcel Number:	5740000490	Taxpayer Name:	BLOCK INVESTMENT
Site Address:	5206 S TACOMA WY	Mailing Address:	5235 S WASHINGTON ST TACOMA WA 98409-2711
Account Type:	Real Property		
Category:	Land and Improvements		
Use Code:	5390-OLDER BUSINESS DIST		
Appraisal Details		Tax/Assessment	
Value Area:	PI4	Current Tax Year:	2011
Appr Acct Type:	Commercial	Taxable Value:	475,700
Business Name:	BACKPACKERS SUPPLIES	Assessed Value:	475,700
Last Inspection:	No physical inspection during prior 6 years		
Related Parcels			
Group Account Number:	n/a		
Mobile/MFG Home and Personal Property	2090002785 2093002170		
parcel(s) located on this parcel:			
Real parcel on which this parcel is located:	n/a		
Tax Description			
Section 24 Township 20 Range 02 Quarter 14 MECHANICS SUPPLEMENTARY AMENDATORY: MECHANICS SUPPLEMENTARY AMENDATORY L 1 THRU 4 B 9			

I acknowledge and agree to the prohibitions listed in RCW 42.56.070(9) against releasing and/or using lists of individuals for commercial purposes. Neither Pierce County nor the Assessor-Treasurer warrants the accuracy, reliability or timeliness of any information in this system, and shall not be held liable for losses caused by using this information. Portions of this information may not be current or accurate. Any person or entity who relies on any information obtained from this system does so at their own risk. All critical information should be independently verified.

"Our office works for you, the taxpayer"

Pierce County Assessor-Treasurer
Dale Washam
2401 South 35th St Room 142
Tacoma, Washington 98409
(253)798-6111 or Fax (253)798-3142
www.piercecountywa.org/atr

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2010

PRODUCER (253) 473-1415 FAX: (253) 473-8862
 American Underwriters Insurance
 6429 South Tacoma Way
 Tacoma WA 98409
 INSURED
 SOUTH TACOMA BUSINESS DISTRICT ASSOCIATION
 P. O. BOX 9445
 TACOMA WA 98409

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hartford Casualty Ins Co	29424
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	52SBMPP4825	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COM/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	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) \$ No Coverage
					BODILY INJURY (Per person) \$ No Coverage
					BODILY INJURY (Per accident) \$ No Coverage
					PROPERTY DAMAGE (Per accident) \$ No Coverage
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ No Coverage
					OTHER THAN EA ACC \$ No Coverage
					AUTO ONLY: AGG \$ No Coverage
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$ No Coverage
					AGGREGATE \$ No Coverage
					\$ No Coverage
					\$ No Coverage
					\$ No Coverage
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	52SBMPP4825 WA STOP GAP	1/1/2010	1/1/2011	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				No Coverage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is an additional insured. Insurance is primary over the City of Tacoma per attached SS 00 08 04 05 form.

CERTIFICATE HOLDER

City of Tacoma
 Real Property Services
 747 Market St Rm 737
 Tacoma, WA 98402

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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