

DEPARTMENT OF PUBLIC WORKS  
DIVISION OF INSPECTION, ZONING  
AND ELECTRICAL SYSTEMS



407 Grant Street  
Wausau, WI 54403  
Phone 715.261.6780  
Fax 715.261.4102

## **CITY OF WAUSAU**

### **CENTRAL BUSINESS DISTRICT OBSTRUCTION PERMIT**

The City of Wausau supports a vibrant central business district and recognizes the social and economic benefit in allowing certain activities to take place within the public right of way. Per Chapter 5.63 of the Wausau Municipal Code, such uses as sidewalk cafes and other obstructions including, but not limited to self-supporting signs, sandwich board signs, works of art, planters, potted plants, statues, and other similar types of objects.

**The following information is required to complete the application submission:**

**APPLICANT** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS OF PROPERTY** \_\_\_\_\_

**PERMIT FEE \$30** (Make check payable to the City of Wausau and submit with this application)

**DETAILED DESCRIPTION OF PROPOSED OBSTRUCTION** (Attach photographs, drawings, sketches and other descriptive information.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXACT LOCATION OF PROPOSED OBSTRUCTION** (Describe and show a brief sketch with dimensions from existing buildings and other fixed objects.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COMPANY AND AGENCY** (Provide Copy) \_\_\_\_\_

**LIMITS OF LIABILITY INSURANCE:**

**Commercial liability insurance in the amount of at least \$1,000,000 per occurrence for bodily injury and property damage, with the city of Wausau named as an additional insured, shall show that the coverage extends to the area used for the sidewalk cafe, and shall provide that the policies of insurance shall not be cancelled, nonrenewed, or altered without 30 days prior written notice to the city.**

**ACTION BY PUBLIC  
HEALTH AND SAFETY COMMITTEE**

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- PERMIT DENIED
  
- PERMIT APPROVED (THIS PERMIT IS VALID FROM JULY 1 THROUGH JUNE 30 OF THE CURRENT YEAR)
  
- PERMIT APPROVED WITH CONDITIONS (THIS PERMIT IS VALID FROM JULY 1 THROUGH JUNE 30 OF THE CURRENT YEAR)

**SPECIAL CONDITIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS:**

\_\_\_\_\_  
**APPLICANT SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**CHIEF INSPECTOR/ZONING ADMINISTRATOR**

\_\_\_\_\_  
**DATE SIGNED**