



CITY OF VALDEZ
TEMPORARY LAND USE PERMIT APPLICATION FORM

Application Fee: \$50.00 (Non-Refundable) Waived 2017 per Resolution #12-72

File No. _____

Date Recv'd. _____

Directions:

1. Please type or print legibly.
2. Please submit this application form to the Office of Community & Economic Development, P.O. Box 307, Valdez, Alaska 99686.
3. Please answer all questions on this form, or put N/A (not applicable) in the spaces provided, as the answer applies.

Applicant name: CVTC

Mailing address: A.O. 337

City, State, Zip: Valdez, AK 99686

Daytime telephone: 907-835-7789

SIGNATURE: LON D. RAKE

Representative name: LON D. RAKE

Mailing address: SAME AS ABOVE

City, State, Zip: _____

Daytime telephone: _____

LRake @ CVTC.org

Legal Description of Property Affected by Application:

Located in Township _____ Range _____ Section _____, CRM
Lot/Block/Tract/Subd. BK Z LOTS 4 & 5 Plat # 84-2
Street Address/Other description 3476 ~~RD~~ River Dr. + 3468
Tax # _____ Size of Property _____

Type of business to be placed on the property: _____

Size of temporary building(s) to be placed on the property: Cable Reels For
Fiber Project in Neighborhood.

Duration of lease requested (6 months maximum): 4 Months (5 MAY - 30 AUG)

Special lease requirements: _____

Submitted materials attached - The following submitted materials must be submitted when applying for a lease on City land.

- _____ 1. Plot Plan – A drawing of the proposed lease property showing:
 - _____ a. Size of lot (to scale)
 - _____ b. Placement and size of buildings, storage units, miscellaneous structures planned (to scale)
 - _____ c. Water & sewer lines, locations of septic tanks, if needed
 - _____ d. Parking spaces (numbered on the drawing with a total number indicated).

2. Fees – All applicable fees must be submitted prior to the execution of a lease.
 - a. Application Fee (\$50.00). Covers the costs associated with processing the application (Non-refundable).

____ 3. Liability Insurance – The Permittee shall, at its own expense, maintain and keep force during the terms of this Permit adequate insurance to protect both Valdez and Permittee against comprehensive public liability claims arising from the use of the property in the minimum limit of ONE MILLION DOLLARS (\$1,000,000) combined single limit to protect against liability for personal injury, death or property damage.

____ 4. Financial Data – The applicant is a:

Sole proprietorship _____

Partnership _____

Corporation Co-op

Other (Please explain) _____

____ 5. Partnership Statement – If applicant is a partnership, answer the following:

a. Date of Organization _____

b. General partnership () / Limited partnership ()

c. Statement of partnership recorded? () yes () no

Where _____

d. Has the partnership done business in Alaska?

() yes () no

When _____

Where _____

e. Name, address and partnership share of each general and limited partner. If a partner is a corporation, complete page for corporation.

<u>Limited/ General</u>	<u>Name</u>	<u>Address</u>	<u>Share</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Attach a complete copy of the partnership agreement.

6. Corporation Statement—If applicant is a corporation, answer the following:

a. Date of incorporation 1964

b. Where incorporated Glennallen

c. Is the corporation authorized to do business in Alaska?

yes no

If so, as of what date 1 April 1961

d. The corporation is held:

Publicly Privately

e. If publicly held, how and where is the stock traded?

f. Furnish the name, title, and address of each officer and in addition, the same information for each principal stockholder owning more than ten percent of the corporation.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Share</u>

g. Furnish the names of the officers specifically authorized to execute contracts and other corporate commitments under the corporate articles and/or by-laws.

LOND. RAKE VALDEZ PLANT SUPERINTENDENT

Robe River and Northern Light



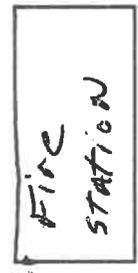
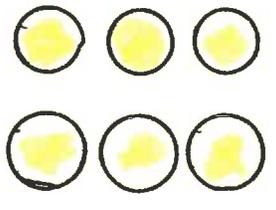
Richardson Hwy

Valdez Cemetery Rd



VACANT LOT

Cable
Reels



River Drive

Rich Hwy



City of Valdez, Alaska
Planning Department
(907) 834-3401

PERMIT #: _____

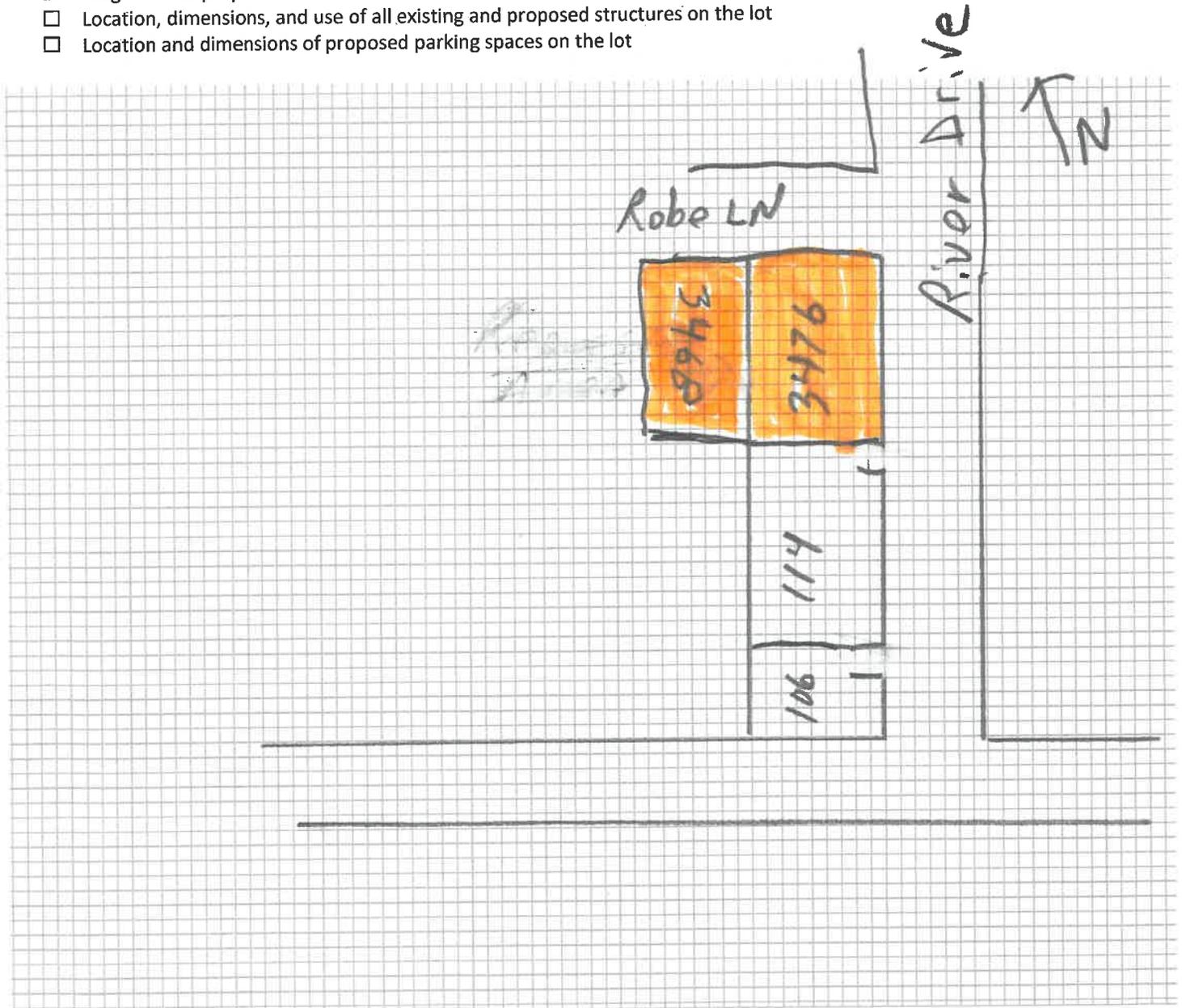
SITE PLAN

Street Address: 3476 River Dr.

Legal Description: _____

Owner/Authorized Representative: COV

- Lot dimensions and property boundaries
- A north directional arrow and drawing scale
- Location of utility easements
- Location of water wells and septic systems, if applicable
- Location and name of access street and adjacent streets
- Distances from the front, both sides, and rear of the proposed structure to lot lines
- Height of the proposed structure
- Location, dimensions, and use of all existing and proposed structures on the lot
- Location and dimensions of proposed parking spaces on the lot





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2018

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).

PRODUCER Telcom Insurance Services Corp. 6301 Ivy Lane, Suite 506 Greenbelt, MD 20770 www.TelcomInsGrp.com	CONTACT NAME: Telcom Insurance Services Corp. PHONE (A/C No. Ext): 800.222.4664 E-MAIL ADDRESS:	FAX (A/C No): 301.474.6196
	INSURER(S) AFFORDING COVERAGE	
INSURED Copper Valley Telephone Cooperative, Inc. 329 Fairbanks Valdez AK 99686	INSURER A : Great American Insurance Co. of NY	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 46237532 **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	ADDL INSD	SUBR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MAC 6-17-28-07	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N N/A			PER STATUTE 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)

Certificate holder, its officers, employees and agents as additional insured per written contract or agreement re: Copper Valley Wireless Land Lease ASLS 87-18

CERTIFICATE HOLDER Land Lease ASLS 87-18 City of Valdez - CEDD PO Box 307 Valdez AK 99686	CANCELLATION 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 Peter J. Elliott
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