



November 4th, 2022

Director of Engineering
Department of Public Works
720 S. Fifth St.
Nashville, TN 37206

Director,

A customer of ours, City Tap House, located at 205 Demonbreun Street, is requesting an aerial encroachment for one (1) proposed double-faced, illuminated projecting sign over the public sidewalk of 3rd Avenue South.

A rendering of the sign is on the last page of this packet. Attached please find all of the forms and information required by the Department of Public Works for your review.

If you have any questions, I can be reached at the office 615-255-3463 or by email at ashton@joslinsign.com.

Thank you,

Ashton Barrett
Municipal Liaison
Joslin and Son Signs
630 Murfreesboro Pike
Nashville, TN 37210
O: 615-255-3463

PETITION TO ENCROACH UPON A PUBLIC RIGHT-OF-WAY

PETITION NO. _____

We, the undersigned, do hereby petition the METROPOLITAN DEPARTMENT OF PUBLIC WORKS and the METROPOLITAN PLANNING COMMISSION to recommend to the METROPOLITAN COUNCIL and MAYOR that legislation be enacted to authorize the construction, installation and maintenance of an encroachment upon the public right-of-way as follows:

Install a double-sided illuminated blade sign.

Addresses and Map and Parcel numbers of property or properties associated with the proposed encroachment:

ADDRESS

MAP AND PARCEL NUMBER

205 Demonbreun Street
Nashville, TN 37201

09306410700

Attach the following in support or explanation of this application:

X A check for the filing fee of \$250.00 made payable to the Metropolitan Government (**application fee is non-refundable**).

X A scaled drawing on 8 1/2 " x 14" paper of the proposed encroachment. (Additional exhibits may be required depending upon the nature of the request).

X A private encroachment license agreement signed by the person to whom the encroachment privilege is to be granted.

X A certificate of liability insurance in the amount to be determined necessary by the Department of Public Works.

Signature and mailing address of person or business to whom privilege of encroachment will be granted:

Signature: Mike Shea Address: 630 Murfreesboro Pike
Nashville, TN 37210

Council District: 19

PERSON FILING THIS PETITION:

If other than owner or optionee of properties listed above, state relationship. All correspondence will be mailed to this person.

Name: Ashton Barrett - Joylin & Son Signs
Address: 630 Murfreesboro Pike

City, State, Zip: Nashville, TN, 37210

Phone: Residence _____

Business 615-255-3463

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN FULL.

LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS
INTO THE PUBLIC RIGHT OF WAY

I/We, Bao Vuong, in consideration of the Resolution No. _____, to construct, maintain, install and/or operate an encroachment into, onto, over, or under the public right of way located at in Nashville, Davidson County, Tennessee, do hereby, for myself, my agents, customers, and assigns, waive and release and hold harmless The Metropolitan Government of Nashville and Davidson County, its agents, employees, and assigns from any and all claims, rights, or demands for damages that may arise from my/our use, construction and/or maintenance of the encroachment, to wit: (SEE ATTACHED DESCRIPTION OF ENCROACHMENT). I/We hereby certify to the Metropolitan Government of Nashville and Davidson County that I/We have executed a bond or liability insurance policy in such amount as agreed upon by the Director of Public Works and the Metropolitan Attorney, and in the form approved by the Metropolitan Attorney (per Metropolitan Code Section 38-1-1), which operates to indemnify and save The Metropolitan Government of Nashville and Davidson County harmless from all claims or demands that may result to persons or property by reason of the construction, operations or maintenance of the encroachment. I/We further agree that my/our obligations hereunder may not be assigned except upon approval of the Director of Public Works and the Metropolitan Attorney. I/We further acknowledge that any action that results in a failure to maintain said bond or liability insurance for the protection of The Metropolitan Government of Nashville and Davidson County shall operate to the granting of a lien to The Metropolitan Government of Nashville and Davidson County in the amount of the last effective bond/insurance policy. Said insurance or bond may not be cancelable or expirable except on 30 days notice to the Director of Public Works.

I/We further recognize that the license granted hereby is revocable by The Metropolitan Government upon recommendation of the Director of Public Works and approval by resolution of the Metropolitan County Council if it is determined to be necessary to the public welfare and convenience. In the event the Metropolitan Government revokes this license as contemplated by this paragraph, licensee will not be entitled to any compensation of any kind. This license shall also be strictly subject to the right of way easement owned by The Metropolitan Government. I/We agree to maintain, construct and use the encroachment in such a way as will not interfere with the rights and duties of the Metropolitan Government

as owner of the right of way. Said interference shall be additional grounds for revocation of the license for encroachment. I/We agree to pay the cost of construction, maintenance, use, as well as relocations cost of said encroachment. Licensee's failure to complete construction of the contemplated encroachment within 36 months of the date of approval by the Metropolitan Council will cause this license to terminate automatically. In the event the encroachment contemplated by this license is substantially destroyed, this license shall terminate unless fully restored by licensee within 36 months from the date of such destruction. In the event this license is revoked or terminated for any reason, licensee shall restore all public property to the condition obtaining at the time the license became effective at licensee's sole cost and expense.

DATE: 10/17/2022

205 D Owner, LLC, Bao Vuong
by Bao Vuong, Authorized Signatory
(Owner of Property)

205 Demonbreun St
(Address of Property)

Nashville, TN
(City and State)

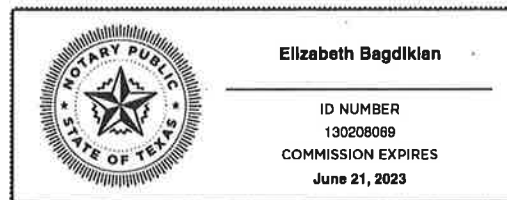
STATE OF ~~TENNESSEE~~ Texas
COUNTY OF ~~DAVIDSON~~ Harris

Sworn to and subscribed before

Me this 17th day of October, 2022.

[Signature]
(NOTARY PUBLIC)

My Commission Expires: 06/21/2023



Notarized online using audio-video communication

Metropolitan Government Department of Public Works

750 South 5th Street • Nashville, TN 37206 • (615) 862-8750 • www.nashville.gov/public-works

Mandatory Referral Application: Encroachment: Sign / Awning / Fiber Optic Cable / Other

*** Before filing this application, please review checklist on the back of this application. ***

Encroachment Type:

- ☐ Awning
☐ Fiber Optic Cable (▲ ground)
☐ Fiber Optic Cable (▼ ground)
☒ Sign
☐ Other _____

Date Submitted: _____

Mandatory Referral Project No. _____

(MPW staff assigns project #)

Map & Parcel(s): 09306410700

Street Address(es): 205 Demonbreun Street, Nashville, TN 37201

Notarized Signature of Property Owner(s):

You must obtain the *notarized* signature of all property owners on whose property the sign or awning will occur. Failure to provide this information will deem your application *incomplete* and postpone your application's consideration by the Metropolitan Planning Commission. Copy form below for additional signatures.

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Government Department of Public Works for a sign, awning or fiber optic cable encroachment.

Date 10/17/2022

(Company Name) _____

Bao Vuong
(Signature of Property Owner)

205 D Owner, LLC,
(Name of Property Owner)

(Title of Property Owner)

by Bao Vuong, Authorized Signatory

(Title of Property Owner)

205 Demonbreun St

Nashville, TN

(Address of Property (including city & state))

Notarized online using audio-video communication

STATE OF TEXAS
COUNTY OF DALLAS
Sworn to and subscribed before
Me this 17th day of October, 2022

Elizabeth Begdikian
(Notary Public)
My Commission Expires 06/21/2023



Elizabeth Begdikian

ID NUMBER

130208069

COMMISSION EXPIRES

June 21, 2023

Applicant: All correspondence will be mailed to the applicant.

☐ Architect ☐ Engineer ☐ Property Owner

☒ Other: SIGN CONTRACTOR

Name: MIKE SHEA

Business: JOSLIN & SON SIGNS

Filing Fee (All application fees are non-refundable)

Address: 630 Murfreesboro Pike

Encroachment: Sign / Awning / Fiber Optic Cable \$250.00
Other

City: Nashville State: TN Zip: 37201

Amount paid: \$ _____

Phone: 615-255-3463

Accepted by: _____ Date: _____

Fax: ☒ business ☐ home ☐ business ☐ mobile

☐ business ☐ home ☐ business ☐ mobile

E-mail: MIKE.SHEA@JOSLINSIGNS.COM

Applicant's Signature: Mike Shea



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)

09/16/2022

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED CTH Nashville, LLC DBA: City Tap House Nashville 204 3RD AVE S Nashville, TN 372012202	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Hartford Underwriters Insurance Company</td><td>30104</td></tr><tr><td>INSURER B: Trumbull Insurance Company</td><td>27120</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Underwriters Insurance Company	30104	INSURER B: Trumbull Insurance Company	27120	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W25981731**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		61 SBA AH8POT	10/01/2022	10/01/2023	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>2,000,000</td></tr><tr><td>Liq. Liability Agg</td><td>2,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>Included</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000	MED EXP (Any one person)	5,000	PERSONAL & ADV INJURY	1,000,000	GENERAL AGGREGATE	2,000,000	PRODUCTS - COMP/OP AGG	2,000,000	Liq. Liability Agg	2,000,000	COMBINED SINGLE LIMIT (Ea accident)	Included	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)	
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B	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 <input type="checkbox"/> N/A	N/A		46WECAC3LT5	11/10/2021	11/10/2022	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	1,000,000	E.L. DISEASE - EA EMPLOYEE	1,000,000	E.L. DISEASE - POLICY LIMIT	1,000,000														
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A	Business Personal Property			61SBAAH8POT	10/01/2021	10/01/2022	Limit \$418,000																						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: CTH Nashville, LLC DBA: City Tap House Nashville 204 3RD Ave S Nashville, TN 37201-2202

The Metropolitan Government of Nashville & Davidson County, Metro Legal and Claims c/o Insurance and safety Division is included as additional insured as required by written contract.

CERTIFICATE HOLDER

The Metropolitan Government of
Nashville and Davidson County
Metro Legal and Claims
C/O Insurance and Safety Division
222 3rd Avenue North, Ste #501
Nashville, TN 37201

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

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