



City of Santa Fe
Public Works Department
– Complete Streets
Division/Traffic
Engineering Section
Application for Permit for Obstruction of Streets

A Permit for a legal obstruction of any public street alley or way in the city is governed by the requirements of City Code §23-1.4 (Streets, Sidewalks and Public Places – Obstruction of streets).

APPLICANT NAME Knights of Columbus Council 10517 – Richard Martinez
MAILING ADDRESS 11 College Avenue Santa Fe, NM 87508
EMAIL ADDRESS Richardmtz689@yahoo.com
APPLICANT PHONE NUMBER 505-670-2801

IN ACCORDANCE WITH THE ATTACHED PLAN OR SKETCH, APPLICATION IS MADE FOR OBSTRUCTION OF STREETS FOR THE FOLLOWING LOCATION:

COMPANY NAME Coates Tree Service, Southwest Fire Defense and Comcast Cable
LOCATION Various locations Coordinated with City and County of Santa Fe
REASON FOR OBSTRUCTION: Hanging Military Banners
DATES OF OBSTRUCTION May 21st, 2024 – June 10, 2024

Additional Comments:

Banners will be hung on various locations on Cerrillos Road from 1-25 – Airport Road, St. Francis drive 1-25 to Hwy 285 and N. Guadalupe Street. We will use 3 companies with bucket trucks. Road Traffic Safety will be provided by Santa Fe County Public Works Traffic department.

If this permit is granted, I/we agree to comply with all of the conditions, restrictions, and ordinances of the City of Santa Fe, which govern this permit. I/We further understand that failure to comply with the conditions of this permit may result in revocation of this permit and possible fines or other legal actions imposed by the City of Santa Fe.

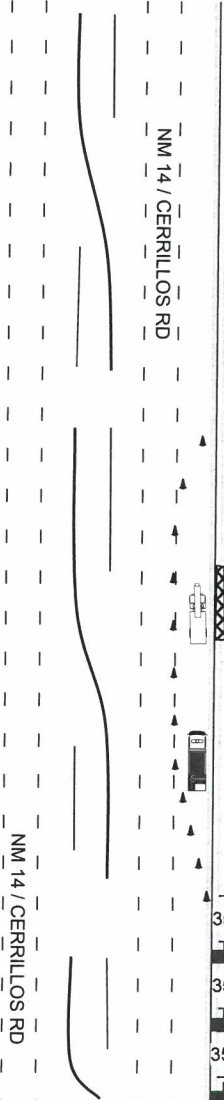
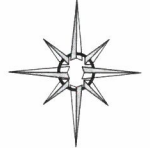
Applicant Signature Richard Martinez **Date** 5/14/24

For Office Use Only

DATE IN 5/14/24 **DATE OUT** 5/14/24
REVIEWED AND SIGNED BY Ty M. [Signature]
PERMIT APPLICATION NUMBER 2024-14-5



ALBUQUERQUE 873-0044 FAX 873-0088
SANTA FE 424-3337 FAX 424-3339
FARMINGTON 324-0044 FAX 564-3001

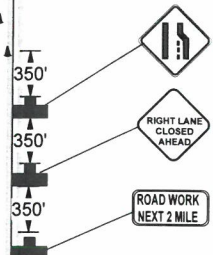


Date: 11/16/2023 Author: RICK GONZALES Project: INSTALL BANNERS
OWNER: C OF SF CUSTOMER: KELLY

Comments:
DRAWING NOT TO SCALE SAME SET UP FOR EACH LOCATION
CONES USED AT 35' SPACING
36" SIGNS USED WITH FLAGS AND BAGS
START DATE TBD
DURATION 2-3 DAYS / TIME 8AM-3PM

Legend

- Cone
- Work Area





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/13/2024

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 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 Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	CONTACT NAME: Lockton Affinity, LLC PHONE (A/C, No, Ext): 800-496-0288 E-MAIL ADDRESS:	FAX (A/C, No): 913-652-7599
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nova Casualty Co	NAIC # 42552
INSURED Santa Maria De La Paz Council #10517 11 College Ave. Santa Fe, NM 87508	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES **CERTIFICATE NUMBER:** **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 OTHER:	X		LFR-GL-29000000-03	05/01/2024	05/01/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			LFR-GL-29000000-03	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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	\$
A	Physical/Sexual Abuse or Molestation Liability			LFR-GL-29000000-03	05/01/2024	05/01/2025	Occurrence	\$500,000
							Aggregate	\$500,000

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

City of Santa Fe is an Additional Insured, where required by written contract, per the terms, conditions and exclusions of the referenced general liability policy.

CERTIFICATE HOLDER **CANCELLATION**

2862376 City of Santa Fe 200 Lincoln Avenue Santa Fe, New Mexico 87504-0909	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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