



HISTORIC  
FRANKLIN  
TENNESSEE

***Historic Preservation Overlay District  
Outdoor Merchandise Display & Sandwich Board Sign  
Permit Application***

**Business Name:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**24-Hour Contact Name:** \_\_\_\_\_

**24-Hour Contact Phone Number:** \_\_\_\_\_

**24-Hour Contact Address:** \_\_\_\_\_

Application Fee for Sandwich Board Sign Permit: \$75.00 + \$10 Technology Fee

**\*BUILDING AND NEIGHBORHOOD SERVICES WILL CONTACT FOR PAYMENT  
WHEN APPLICATION HAS BEEN PROCESSED.**

The ***Franklin Municipal Code Title 16, Chapter 7 Outdoor Merchandise Display*** is attached to application and can be found on the city's website at <https://www.franklintn.gov>

Applicant acknowledges having read the ***Franklin Municipal Code Title 16, Chapter 7 Outdoor Merchandise Displays*** and supplied the necessary documents required for a permit. This permit is temporary and revocable if the applicant fails to comply with the ordinance and is subject to denial of the issuance of a new permit or renewal of a permit for any reason.

Owner: \_\_\_\_\_ Date : \_\_\_\_\_



---

**\*NO PERMIT SHALL BE ISSUED UNTIL VERIFICATION OF ALL  
INFORMATION IS SUBMITTED**

**Outdoor Display Type:**

- Merchandise Display
  - Decorative Fixture
  - Flag or Banner
- Description \_\_\_\_\_
- Attach picture \_\_\_\_\_

- Planter
  - Sidewalk Sign
- Height \_\_\_\_\_ Dimensions \_\_\_\_\_
- Bench
- 

**Applicants shall furnish the following:**

**For Signage**

- Description of project
- Specification information that illustrates how proposed signage will look, including notes on height, materials, and colors
- Photographs of project site location
- Owner Affidavit (if applicant is not the owner)
- Proof of Liability Insurance

**For Merchandise Display**

- Copy of valid Franklin Business License
  - Proof of Liability Insurance
  - Indemnity Agreement
  - Description of furniture and other objects (cut sheets, photos, etc.)
  - Description of how the display area will be supervised and maintained
  - Scaled drawings, original and revised, indicating display layout (drawings are only required for renewing applicants when revisions to the area are being requested)
  - \_\_\_\_\_
-



**Compliance Inspection Dates:**

\_\_\_\_\_

- Approved as submitted**
- Approved with changes noted:**

\_\_\_\_\_  
\_\_\_\_\_

- Denied**  
**Reason for denial:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Zoning Enforcement Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Historic Preservation Planner**

\_\_\_\_\_  
**Date**

Valid for Calendar Year \_\_\_\_\_

COA# \_\_\_\_\_ Permit# \_\_\_\_\_

Original Application Date \_\_\_\_\_

Renewal: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Changes from Original Application: Yes \_\_\_\_\_ No \_\_\_\_\_

# OWNER AFFIDAVIT

## City of Franklin, Tennessee

We/I \_\_\_\_\_  
(Please print Name/Names in Full)

being duly sworn, depose and say(s) that (I am)/(we are) the owner(s) of the property described as:

\_\_\_\_\_  
(Property Parcel/Tax ID Number)

and located at:

\_\_\_\_\_  
(Street Address)

am fully aware of the request for development approval in the City of Franklin, Tennessee. Furthermore, (I)/ (we) hereby appoint

\_\_\_\_\_  
(Please print Name/Names in Full)

to act as my/our authorized agent on my/our behalf on all matters pertaining to the processing and obtaining the application with the exception of legal documents for recording purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Property Owner Mailing Address

\_\_\_\_\_  
City, State & Zip

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

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 Brokers Name CA License No 12345 Street Anytown, CA 12345	CONTACT NAME: Brokers Name	
	PHONE (A/C, No, Ext): Brokers Phone FAX (A/C, No): Brokers Fax	
INSURED Subcontractor 12345 Street Anytown, CA 12345	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: AM Best Rating A- X (or better)	must list
	INSURER B: AM Best Rating A- X (or better)	
	INSURER C: AM Best Rating A- X (or better)	
	INSURER D: AM Best Rating A- X (or better)	
	INSURER E:	
	INSURER F:	

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
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	Complete policy number	xx/xx/2014	xx/xx/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			Complete policy number	xx/xx/2014	xx/xx/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
X	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE			Complete policy number	xx/xx/2014	xx/xx/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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	Complete policy number	xx/xx/2014	xx/xx/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Job # / Job Name & Location  
Robert A. Bothman, Inc., its officers, directors and employees; Project Owner, are added as additional insureds as required by written contract in respects to General Liability, per attached. The General Liability policy evidenced herein is Primary & Non-Contributory where required by written contract with the named insured. A Waiver of Subrogation is granted in favor of the additional insureds with respects to General Liability and Workers Compensation in accordance with the policy's provisions, per attached.

CERTIFICATE HOLDER Robert A. Bothman, Inc. 2690 Scott Boulevard Santa Clara, CA 95050 <i>Name city of Franklin as Additional Insured</i>	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 Brokers Signature