

Storm Drain Stenciling Program Terms and Conditions



City office use only
Permit Number: _____
Date: _____

1. The Group and its members are to be considered as volunteers and not as officers, employees, or agents to the City of Stevens Point. Any injuries, claims, liabilities, suits or costs arising from Group or Group Members' activities relating to this permit shall be the sole responsibility of the Group or its individual members.
2. The Group agrees to indemnify and hold harmless the City of Stevens Point from any injury, cost, suit, liability or award arising from the issuance or exercise of this permit, or because of any adverse effect upon any person or property attributed to the works of the Group.
3. Participants in the Group agree to obey and abide by all laws and regulations relating to safety and such terms and conditions as may be required by the Department for special conditions that may exist on a particular roadway.
4. The Group agrees to abide by terms and conditions set forth in a work plan for all roadways.
5. The Group shall not work beyond the approved area.
6. The Group shall not stencil along high traffic roadways or during adverse weather.
7. The Group shall supply one adult supervisor for every 5 to 6 workers.
8. All participants shall be at least 11 years of age or in the 6th grade.
9. The Group shall work only during daylight hours and in good weather.
10. Groups shall work on only one side of the road at a time.
11. All participants shall wear safety vests.
12. No stenciling shall be performed within 10 feet of a parked vehicle.
13. Unused materials and supplies furnished by the Department shall be returned by the Group.

THE DEPARTMENT AGREES TO PROVIDE SAFETY VESTS, PAINT, STENCILS AND TRAFFIC SIGNS.

For more information regarding Drain Stenciling Application/Permits, contact:

**City of Stevens Point
Department of Public Utilities
300 Bliss Avenue
Stevens Point, WI 54481
Phone: (715) 345-5260 Fax: (715) 345-5369**

Storm Drain Stenciling Application/Permit



City office use only
Permit Number: _____
Date: _____

Please complete this application and submit it to the City of Stevens Point, Department of Public Utilities, 300 Bliss Avenue, Stevens Point, WI 54481.

Group Name: _____

Mailing Address: _____ Fax Number (optional): _____

City/State/ZIP: _____ Telephone Number: _____

Contact Person: _____ Telephone Number: _____

Contact E-mail Address: _____

Mailing Address: _____ Number of Participating People: _____

City/State/ZIP: _____ Number of Times Your Group Plans to Stencil: _____

First enter the area you would like to stencil. Then list alternate sections in order of preference. The Engineering Department may not allow stenciling in some areas. Please fill in the following:

STREET NAME	CROSS STREET FROM	CROSS STREET TO

By signature below, the Group acknowledges the hazardous nature of the work and agrees to the terms and conditions stated on the page attached to this form. The Group understands there are no fees for participating in the program.

Signature of Authorized Group Representative – Must be 18 years or older:

Signature: _____ Date: _____

Title: _____

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL, The Department approves this permit for the Group to participate in the Storm Drain Stenciling for the section identified above. The Department reserves the right to modify or cancel this permit at any time.

Joel Lemke.: _____ Date: _____

Title: Director of Public Utilities Permit Number: _____

City of Stevens Point Department of Public Utilities, 300 Bliss Avenue, Stevens Point, WI 54481