



April 9, 2024

Board of Public Works
City of Manitowoc, WI

Subject: Sidwalk Privilege Agreement for WAF

To Whom It May Concern,

I am writing for your approval to provide an aluminum sun shade system to overhang the public way at the Wisconsin Aluminum Foundry located at 838 S. 16th Street, Manitowoc, WI 54220.

The sun shade will be securely fastened to the existing building and will be open to allow for snow and rain to pass through. The bottom of the sun shades will be approximately 10'-0" above the public sidewalk. The sun shade devices will be made of durable anodized aluminum to match the existing and new window framing color. The aluminum shade devices would overhang the sidewalk approximately 40" from the face of the building (which is situated at the property line.)

Attached are the preliminary renderings and drawings of the aluminum shade system as well as the building for your review.

Please let me know if you need any additional information or have any questions regarding the design.

Thank you,

Rustin Schwandt

Rustin Schwandt, NCARB, AIA
Architect



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2024

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 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 Cottingham & Butler Colin Green 800 Main St Dubuque IA 52001	CONTACT NAME: PHONE (A/C, No, Ext): 563-587-5000		FAX (A/C, No): 563-583-7339
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Wisconsin Aluminum Foundry Co., Inc. 838 South 16th Street Manitowoc WI 54220	WISCALU-01		INSURER A: Hartford Fire Insurance Company 19682
			INSURER B: State Auto Property and Casualty Insurance 25127
			INSURER C: Endurance American Specialty Insurance Company 41718
			INSURER D: Great American Insurance Co. 16691
			INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1543553517

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 type="checkbox"/> LOC OTHER:			83 UEN OH3040	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			10160166CA	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XS F137319	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	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	N/A	83 WE OH3021	1/1/2024	1/1/2025	<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
C	Property			ARL30014857102	1/1/2024	1/1/2025	Bldg/Contents	196,990,581

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

City of Manitowoc is additional insured on the General Liability policy per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy.

CERTIFICATE HOLDER**CANCELLATION**

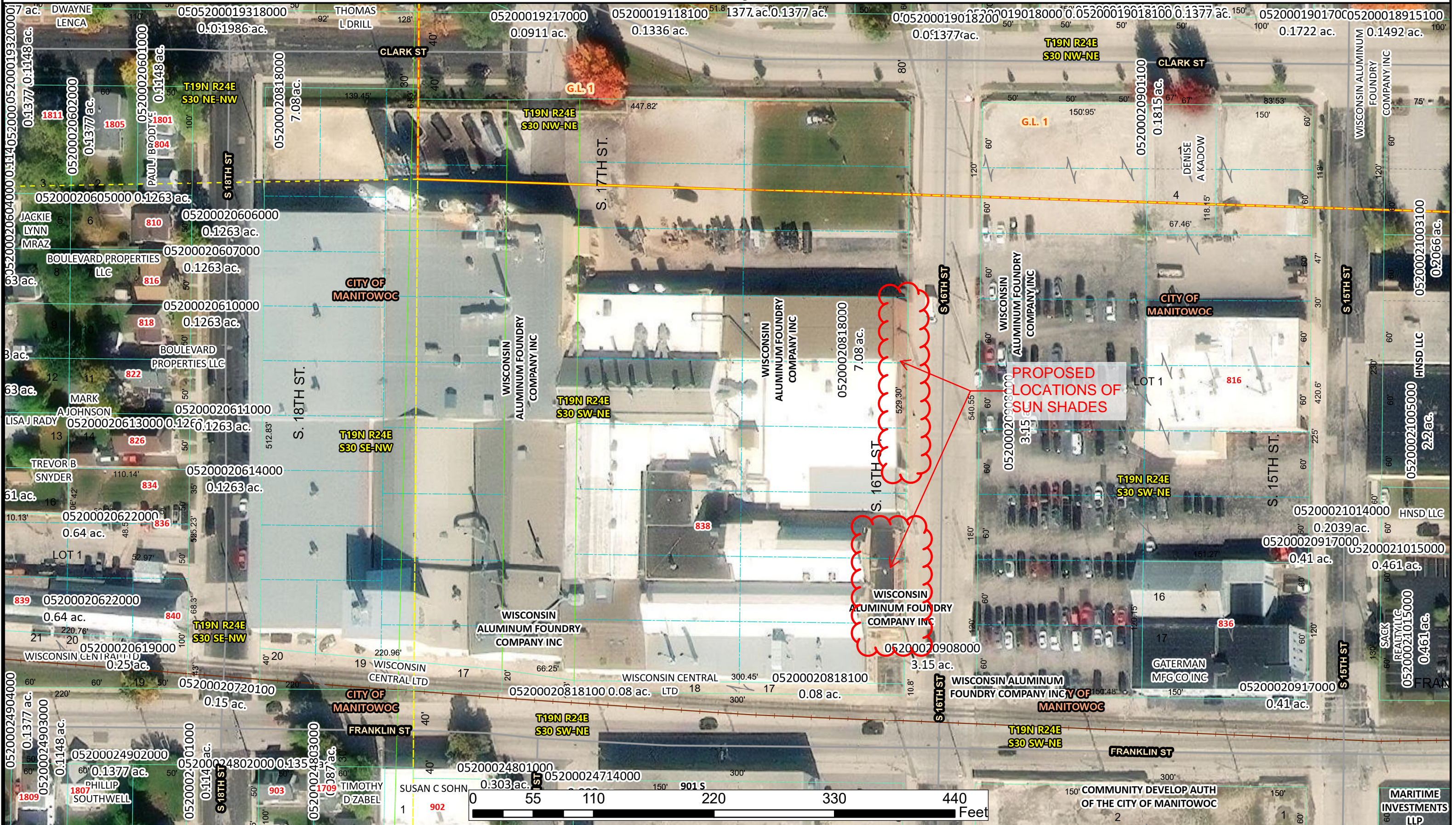
City of Manitowoc
 900 Quay Street
 Manitowoc WI 54220

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

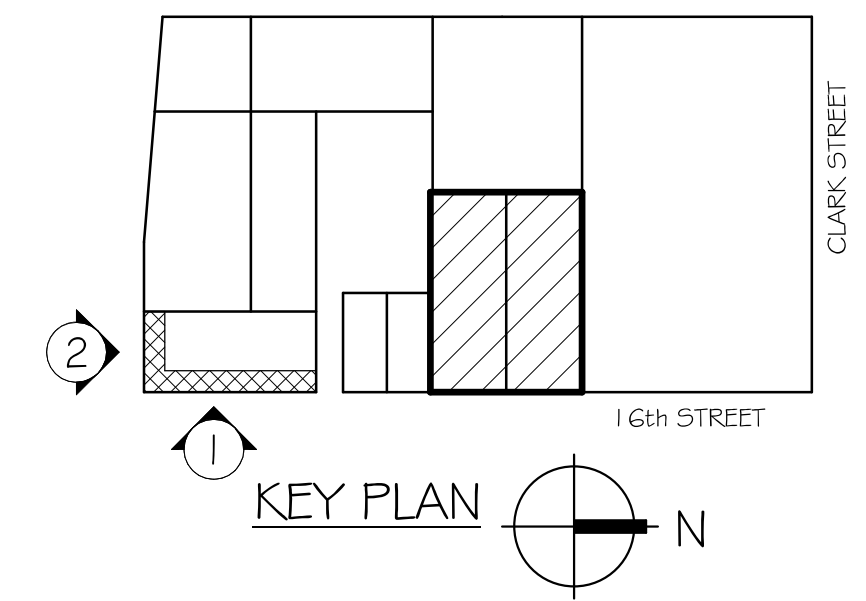
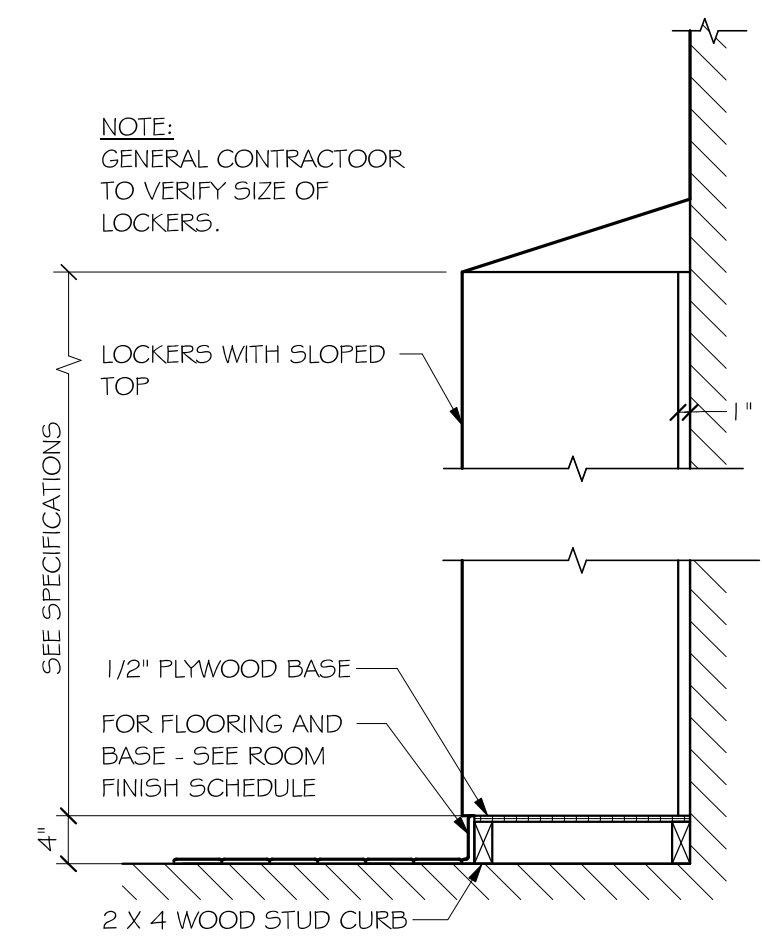
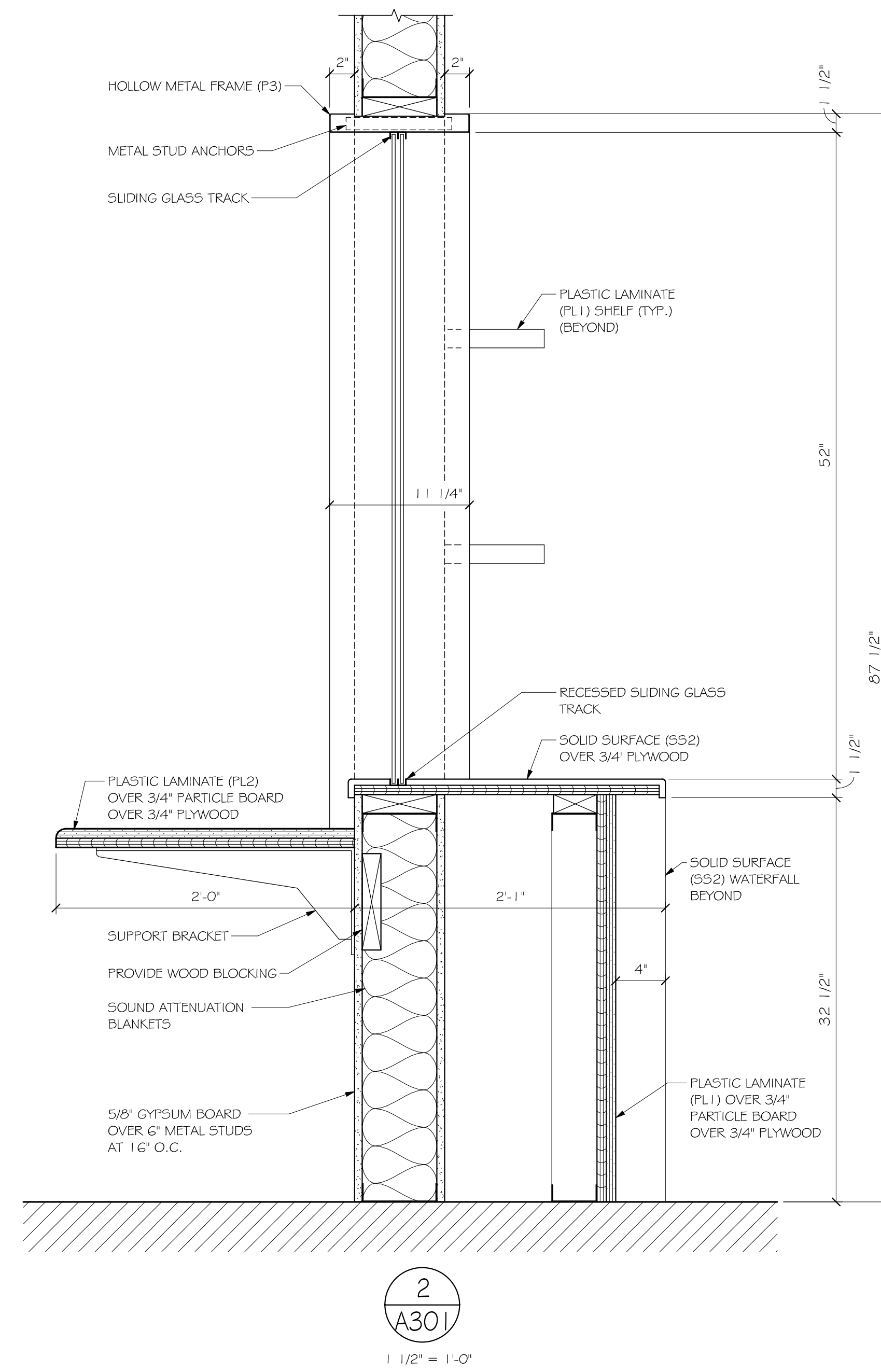
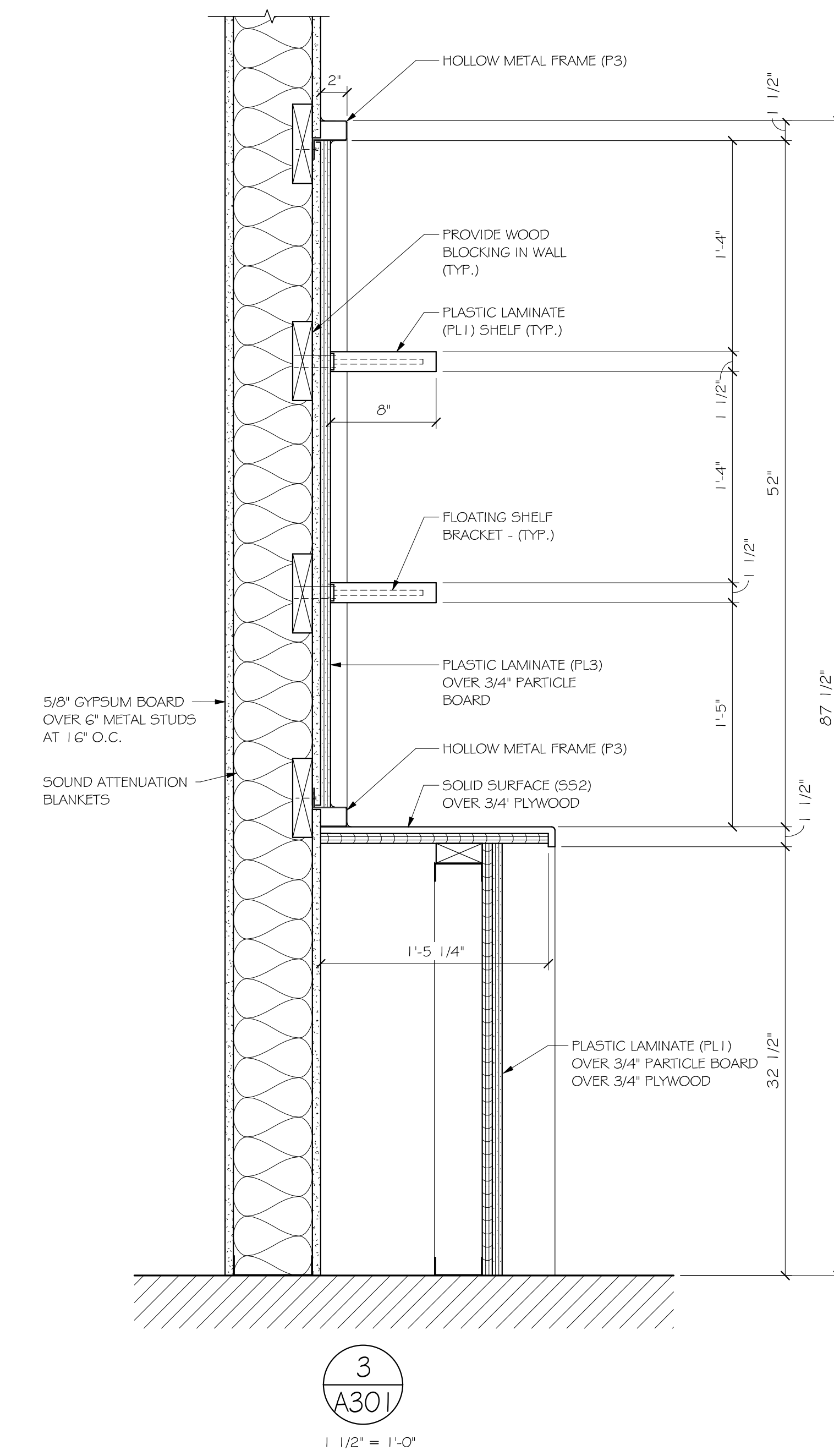
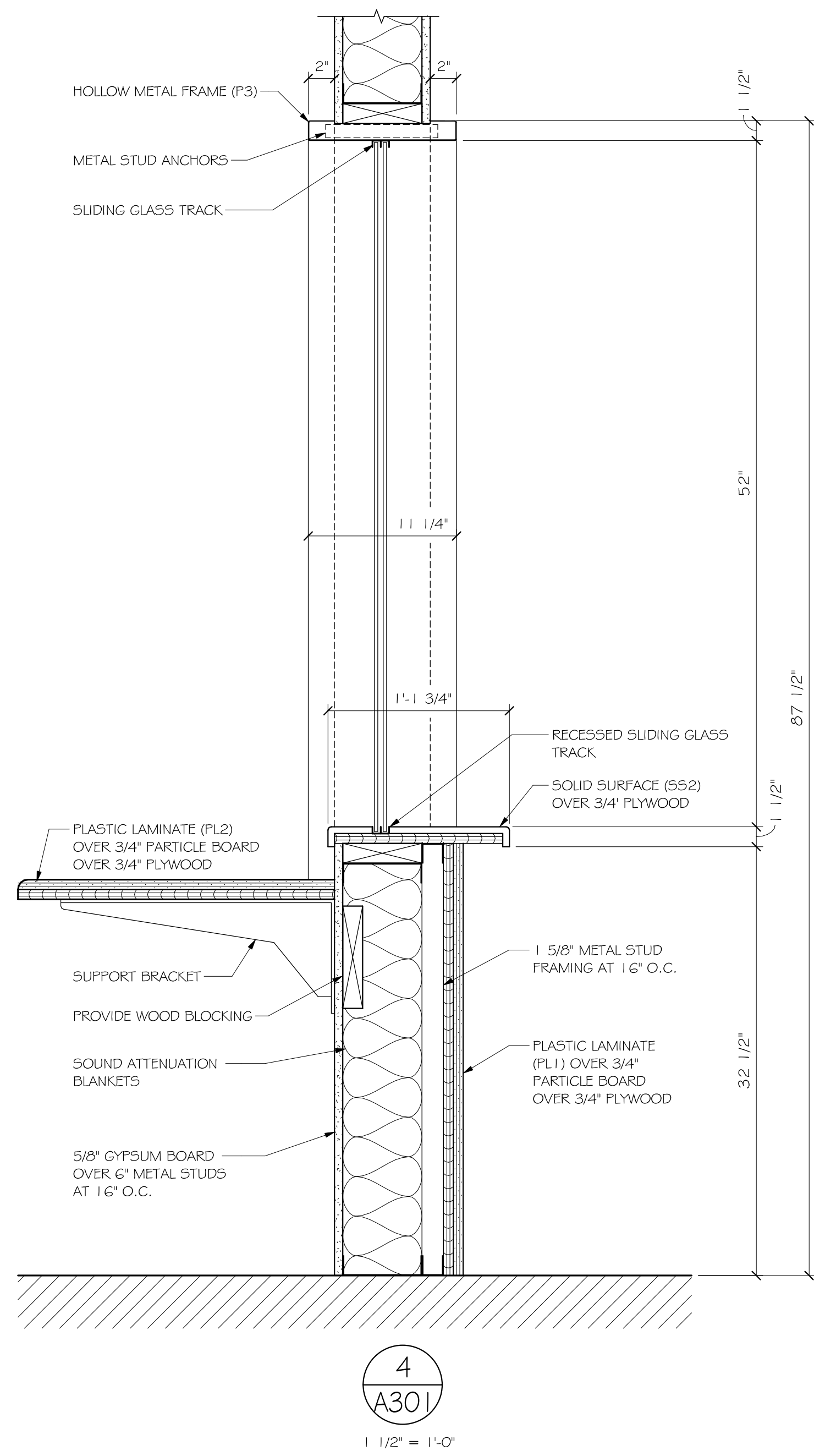
AUTHORIZED REPRESENTATIVE

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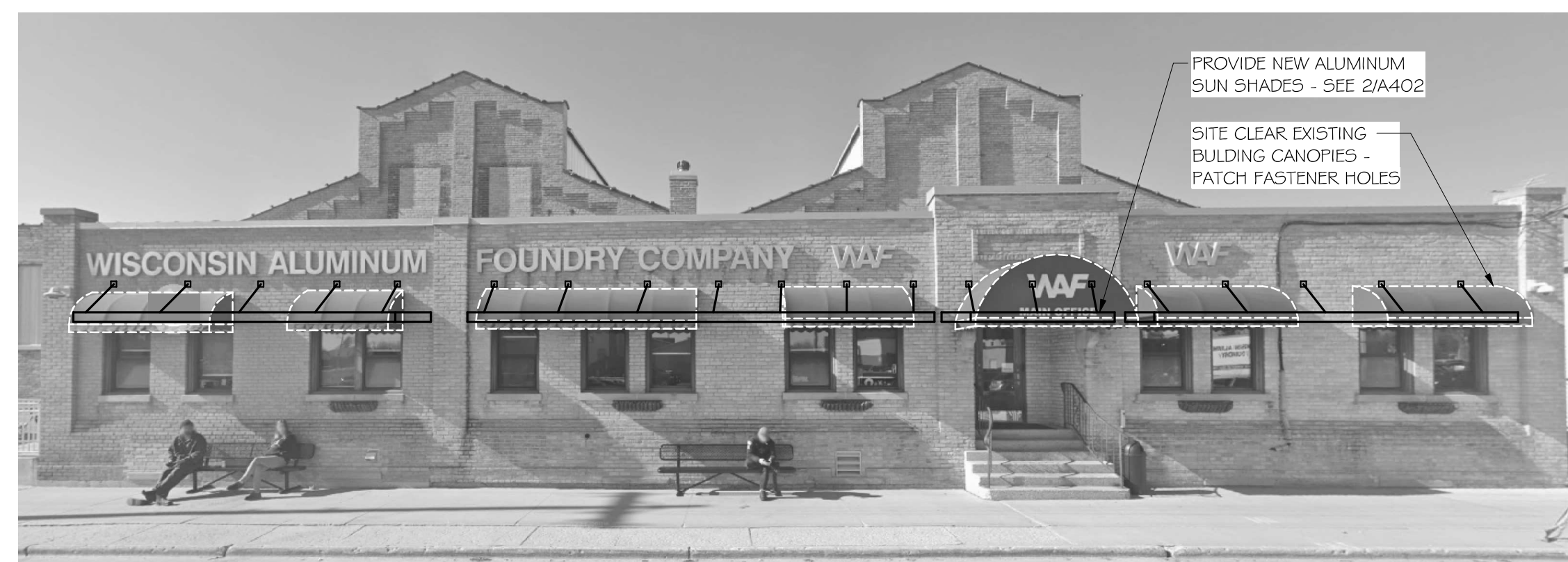
Manitowoc County Parcel Viewer



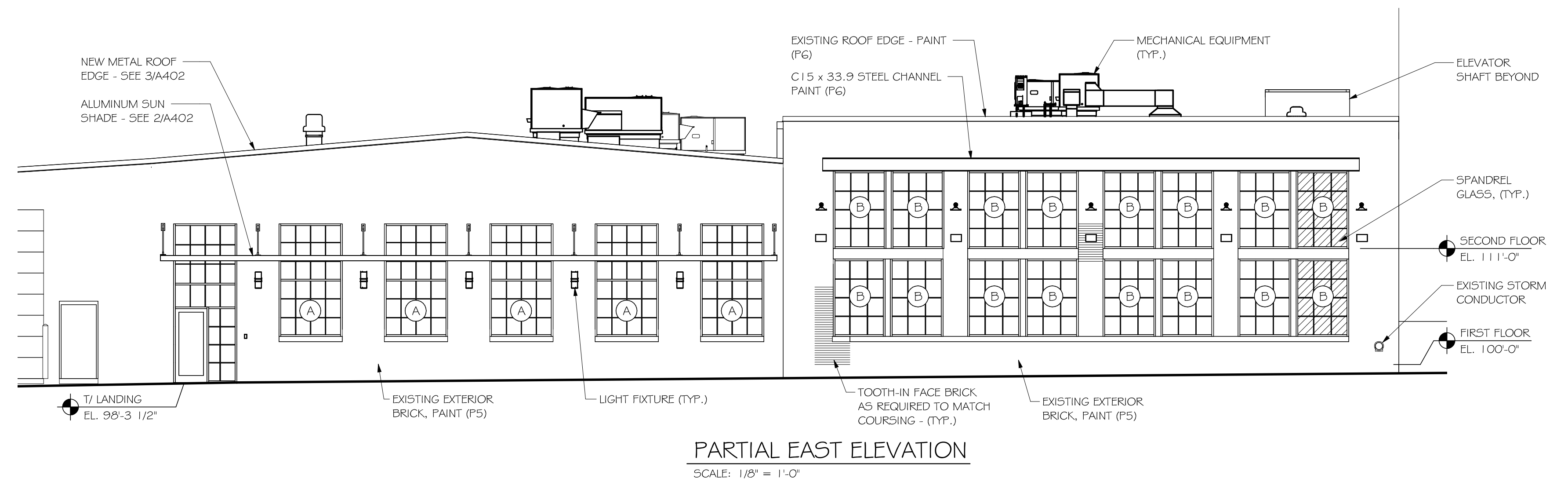




2 PARTIAL SOUTH-EAST ELEVATION
NO SCALE



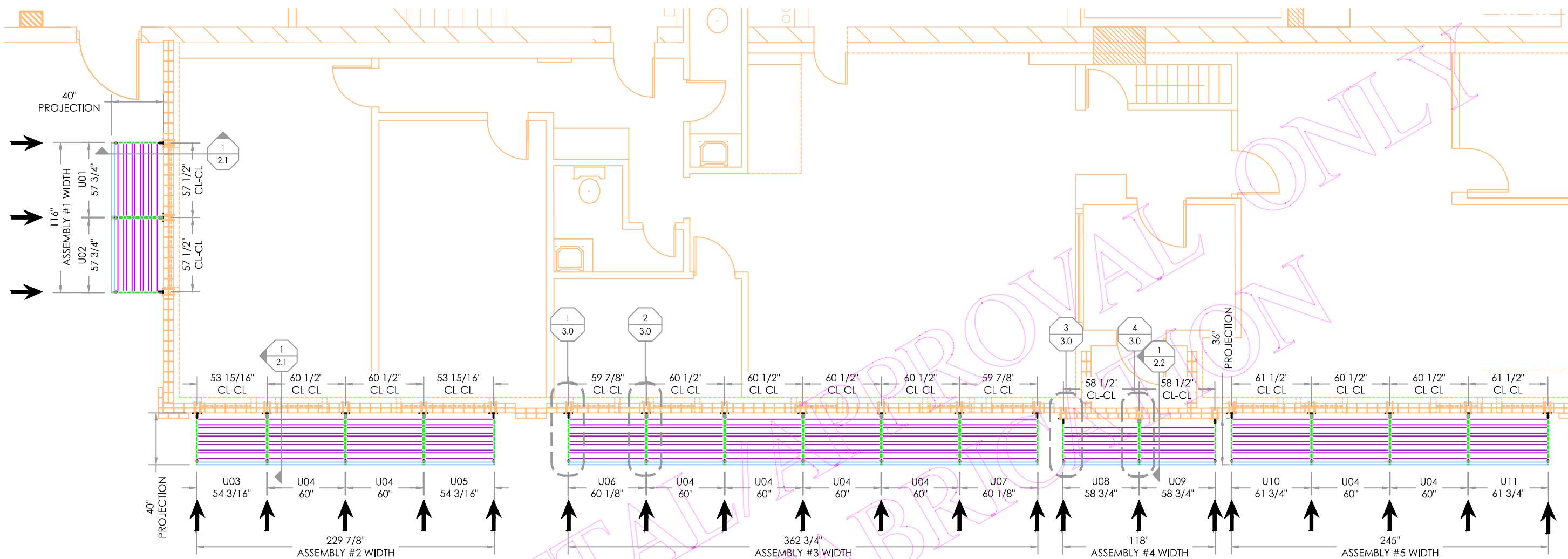
1 PARTIAL EAST ELEVATION
NO SCALE



Revision	Description	Date

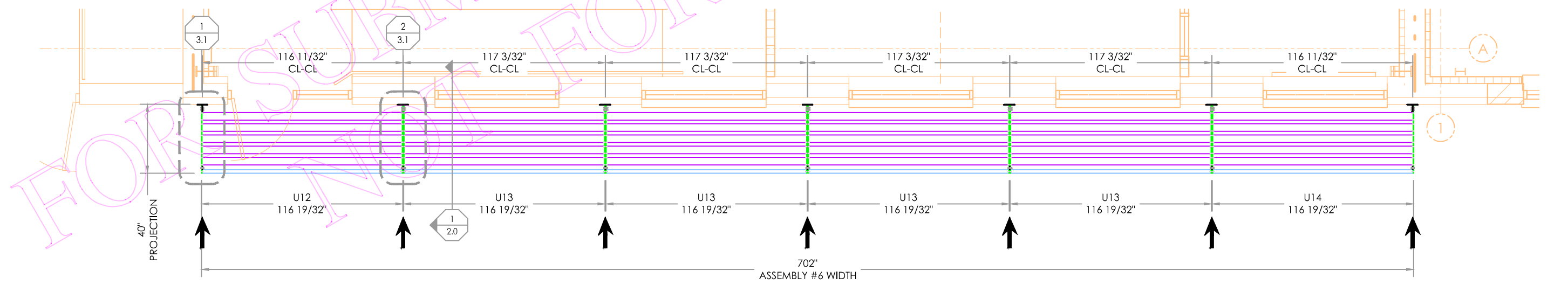
OFFICE AND BUILDING FACADE RENOVATIONS FOR:
WISCONSIN ALUMINUM FOUNDRY
MANITOWOC, WISCONSIN

Date: 10/12/23
Project No. 7725
Sheet: A301



2
1.0
PLAN VIEW
ARCH REF: A0.1

PLEASE VERIFY SURROUNDING CONDITIONS AND/OR ATTACHMENT METHODS PRIOR TO ENG. CALCS.



1
1.0
PLAN VIEW
ARCH REF: A102, A801 STRUCT. REF: S102

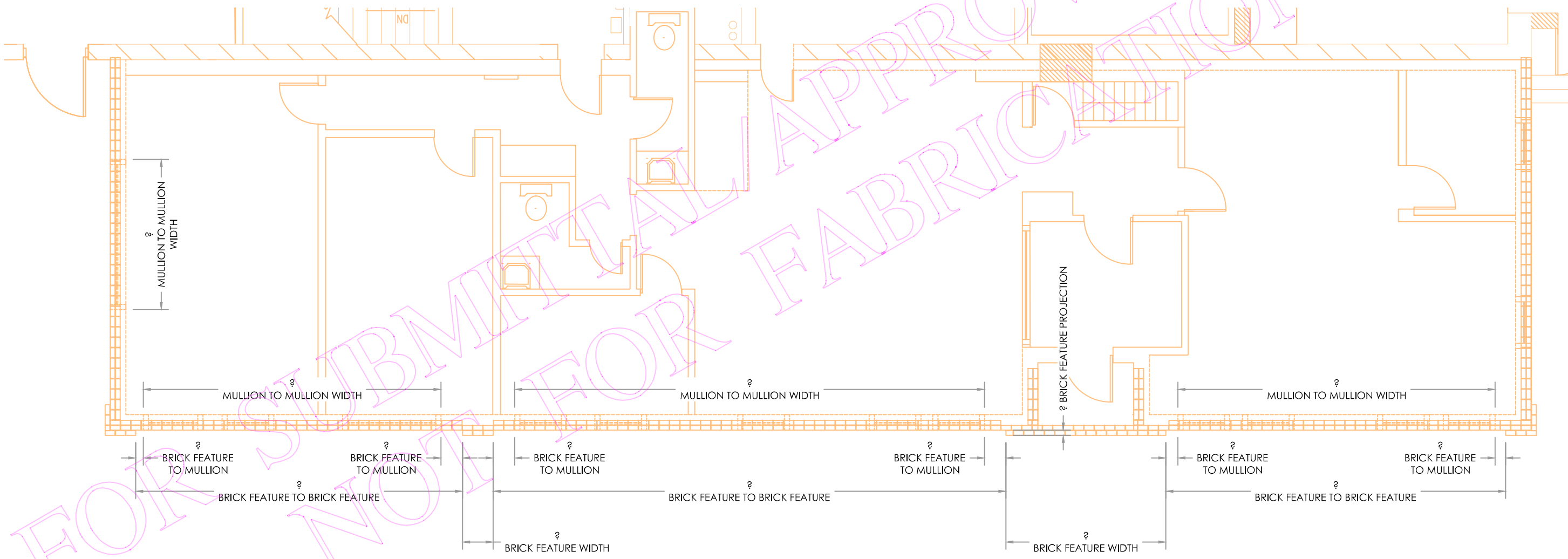
↑ DENOTES LOCATION OF SUSPENSION RODS AND DOWNRIGGERS.

No.	By	Description	Date

SA SERIES SUNSHADE
SECTION 10 71 13
Job Name: WISCONSIN ALUMINUM FOUNDRY
Contractor: AIRFLOW ARCH.
Architect: SOMERVILLE ARCHITECTS/ENGINEERS

Date: 01/04/2024
Drawn By: DJB
Checked By: OW
Project Manager: SD
Job No.: 119491

PLEASE VERIFY SURROUNDING
CONDITIONS AND FILL IN ? DIMENSIONS
ON THIS SHEET PRIOR TO ENG. CALCS.



1
1.1

PLAN VIEW
AT SOUTH EAST CORNER

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Delano, Minnesota
763-972-2981

Industrial Louvers, Inc.

No.	By	Description	Date

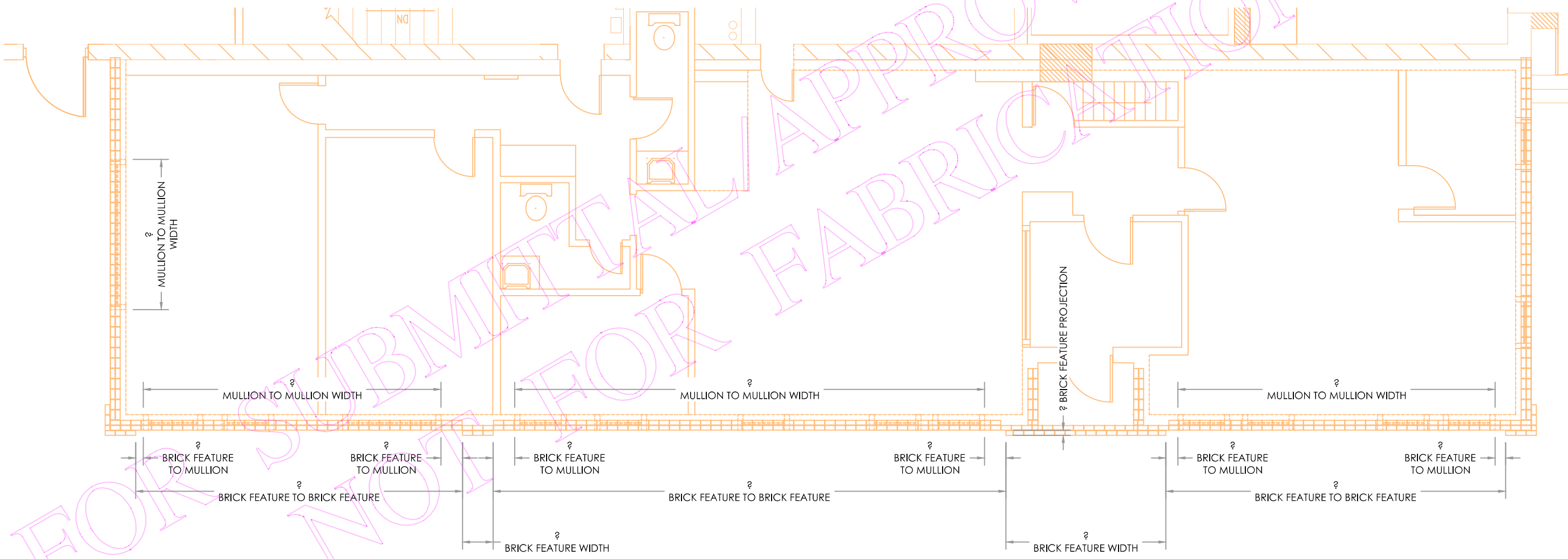
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SECTION 10 71 13
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Architect: SOMERVILLE ARCHITECTS/ENGINEERS

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Checked By: OW
Project Manager: SD
Job No.: 119491

Sheet No.
1.1

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1
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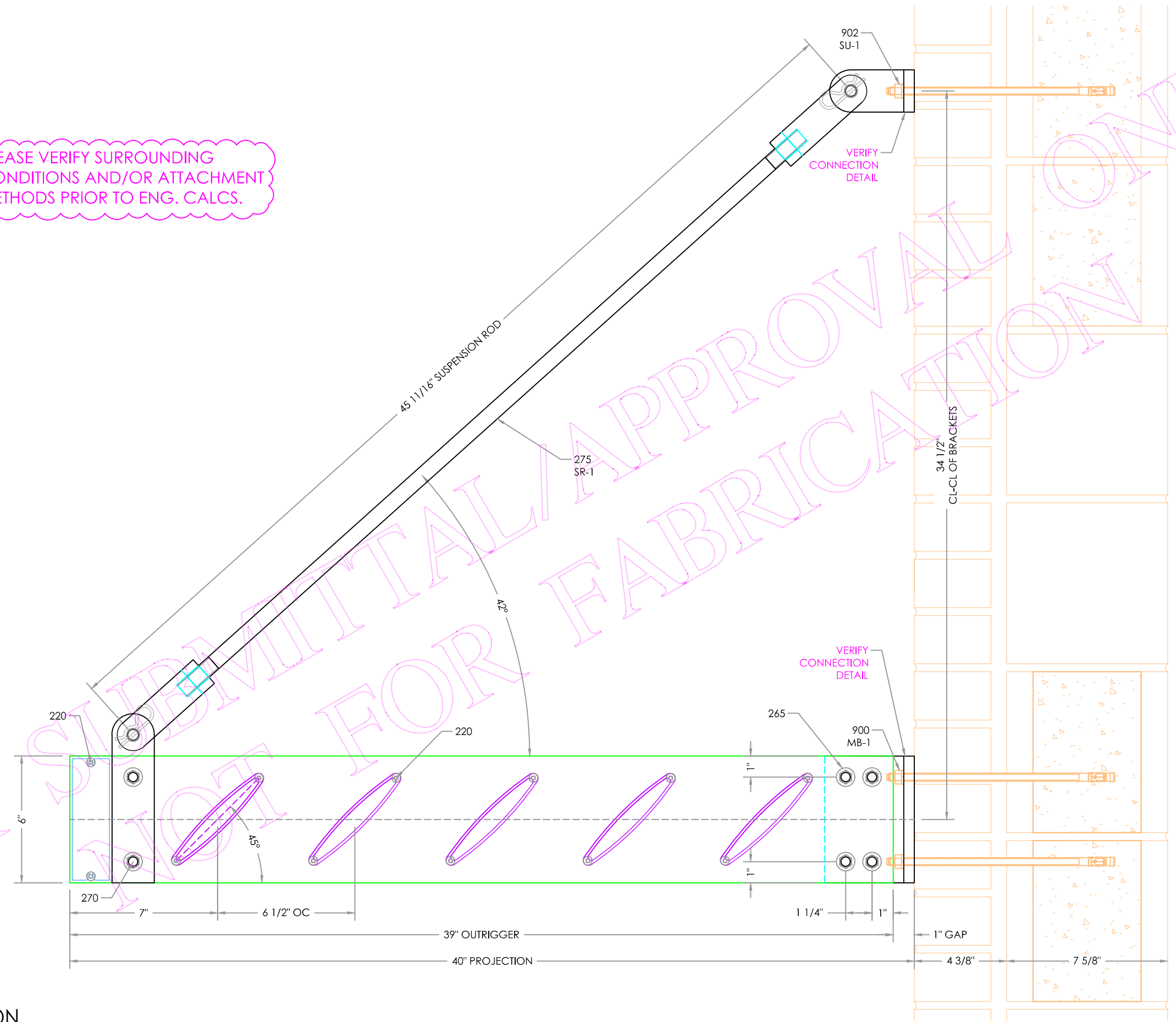
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1
2.0

CROSS SECTION
ARCH REF: 2/A402 STRUCT. REF: A3/S521

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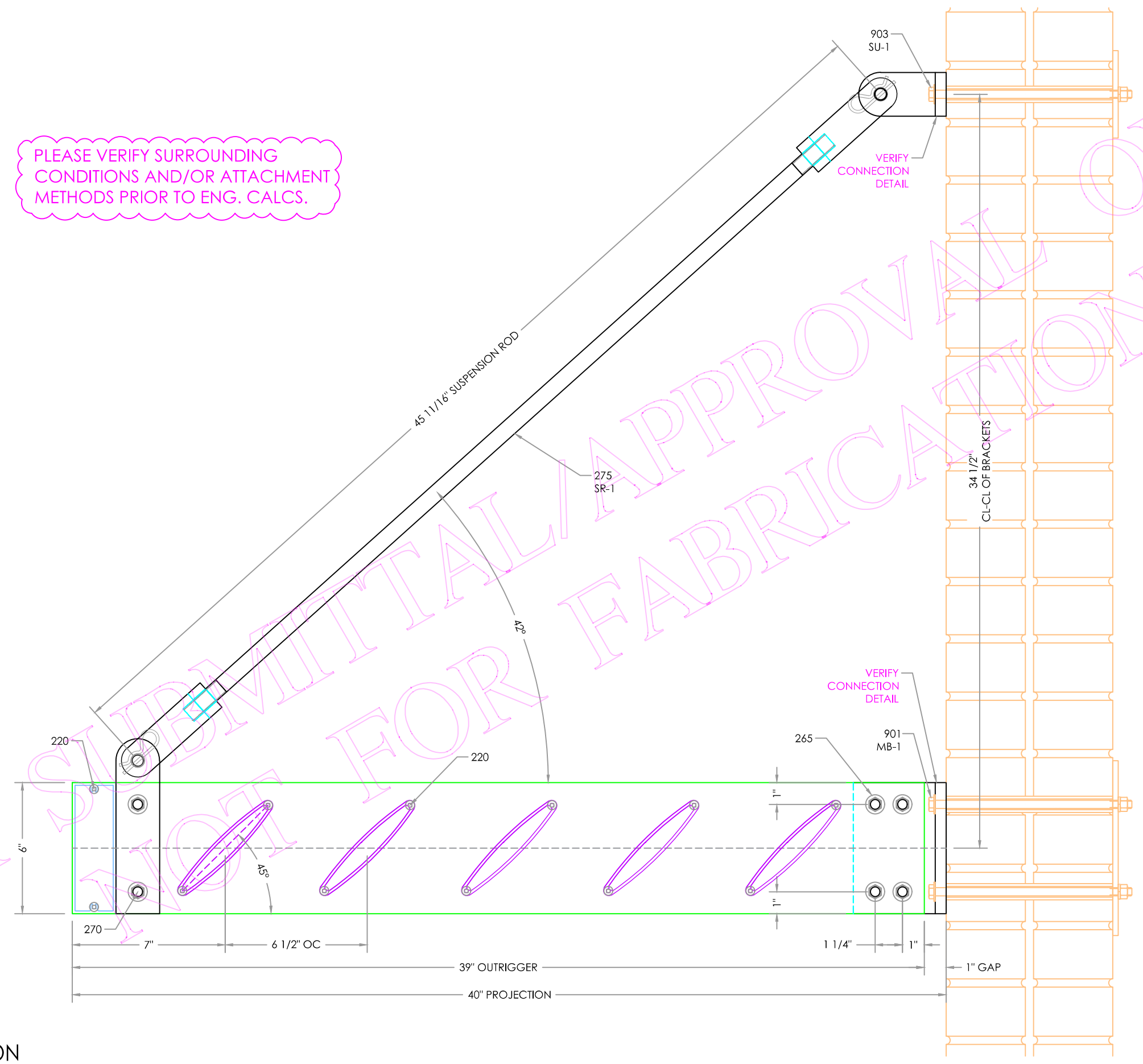
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2.0

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1
2.1 CROSS SECTION
ARCH REF: N/A

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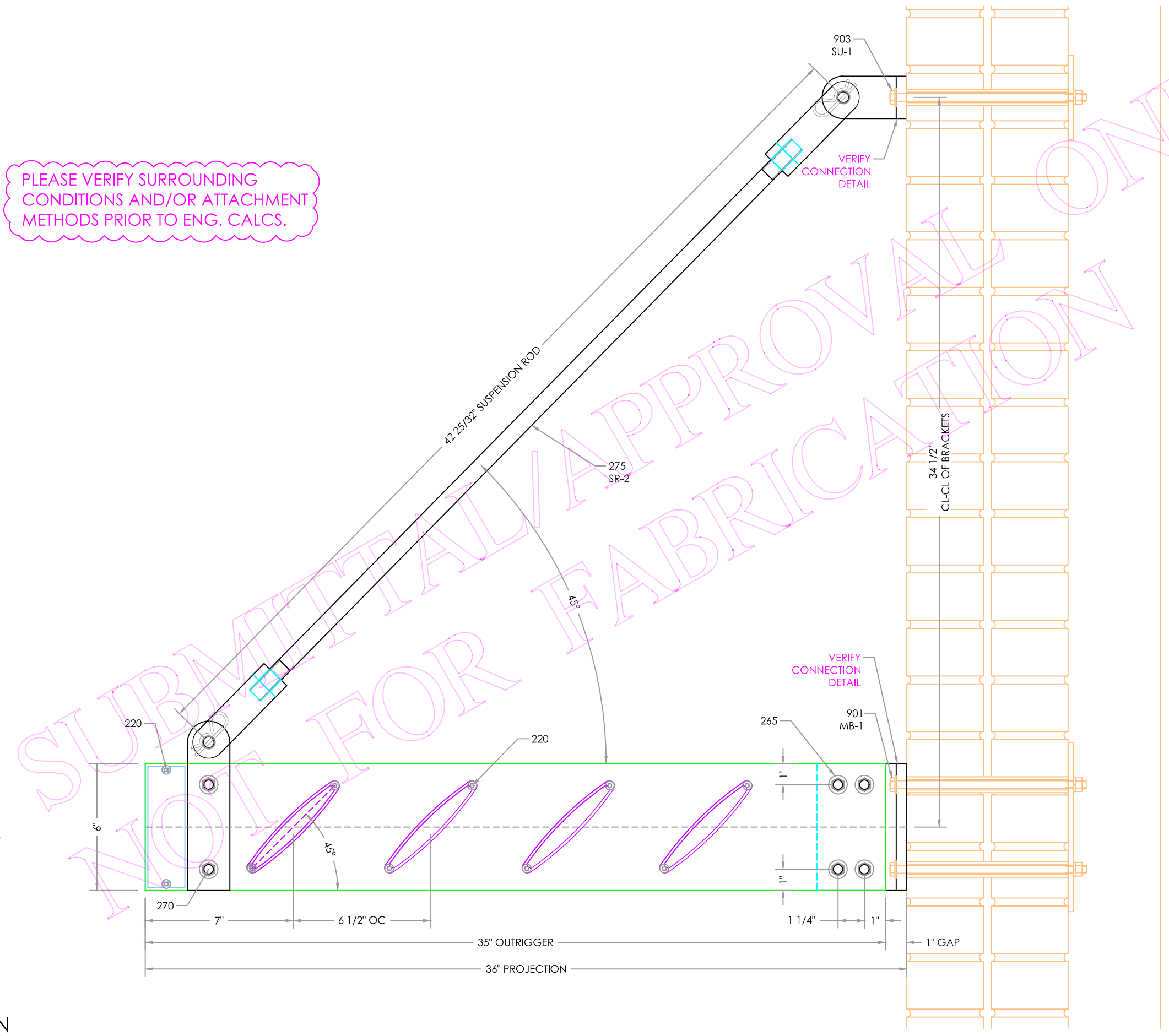
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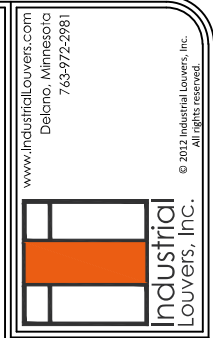
PLEASE VERIFY SURROUNDING
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METHODS PRIOR TO ENG. CALCS.



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2.2

CROSS SECTION
ARCH REF: N/A

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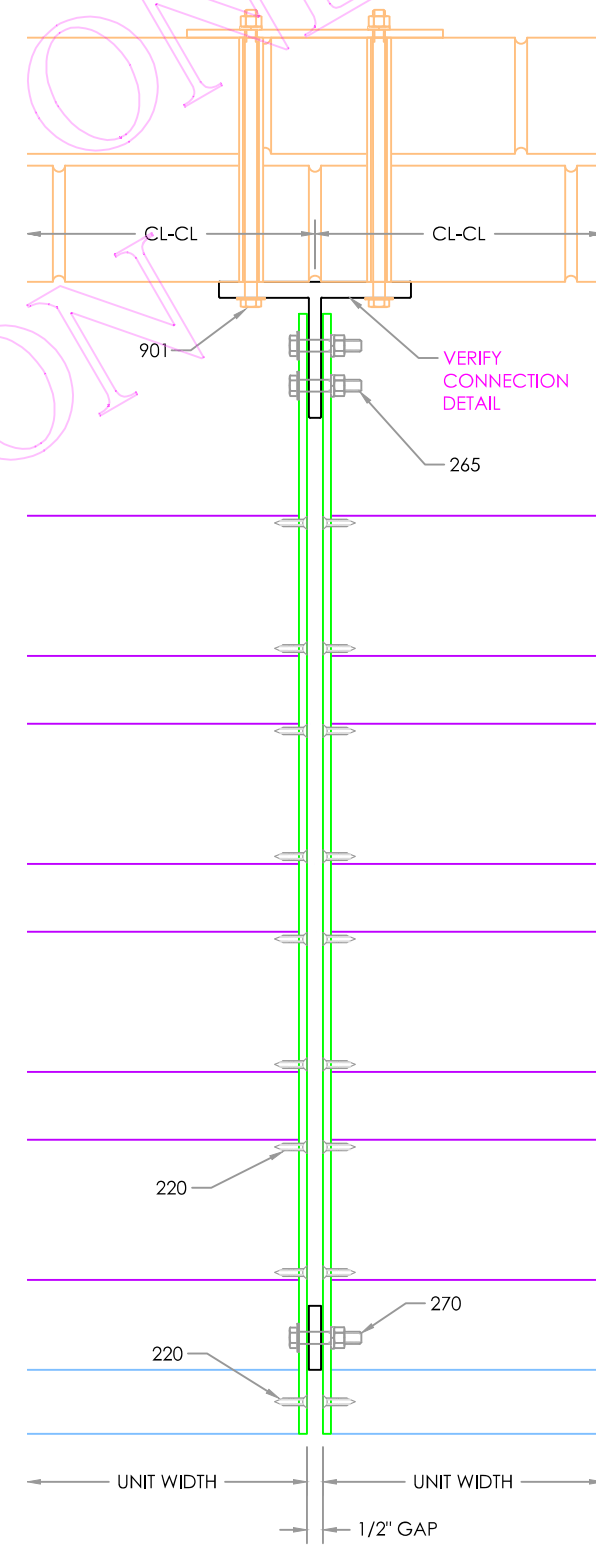
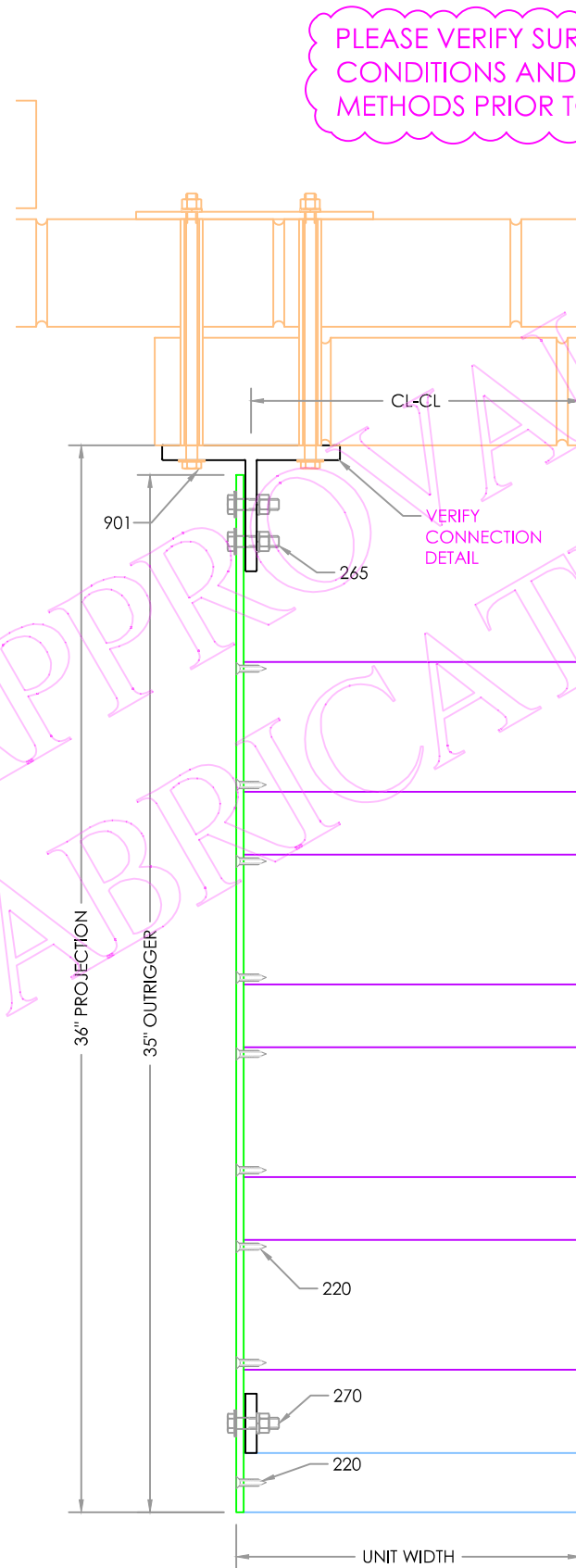
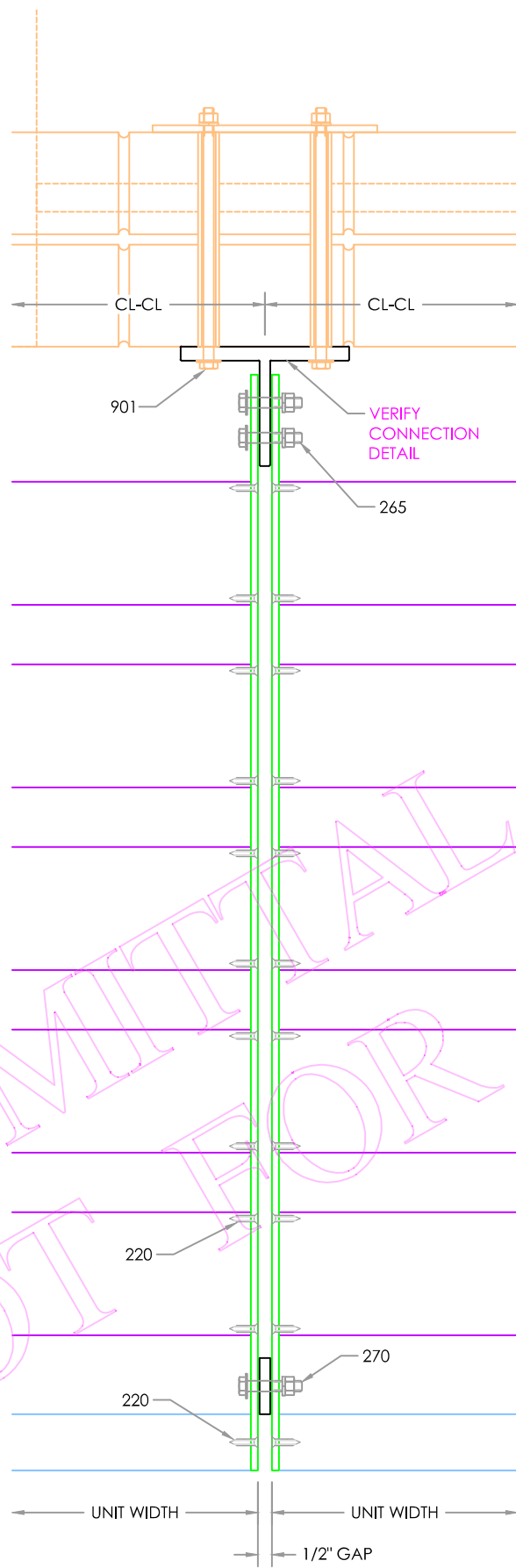
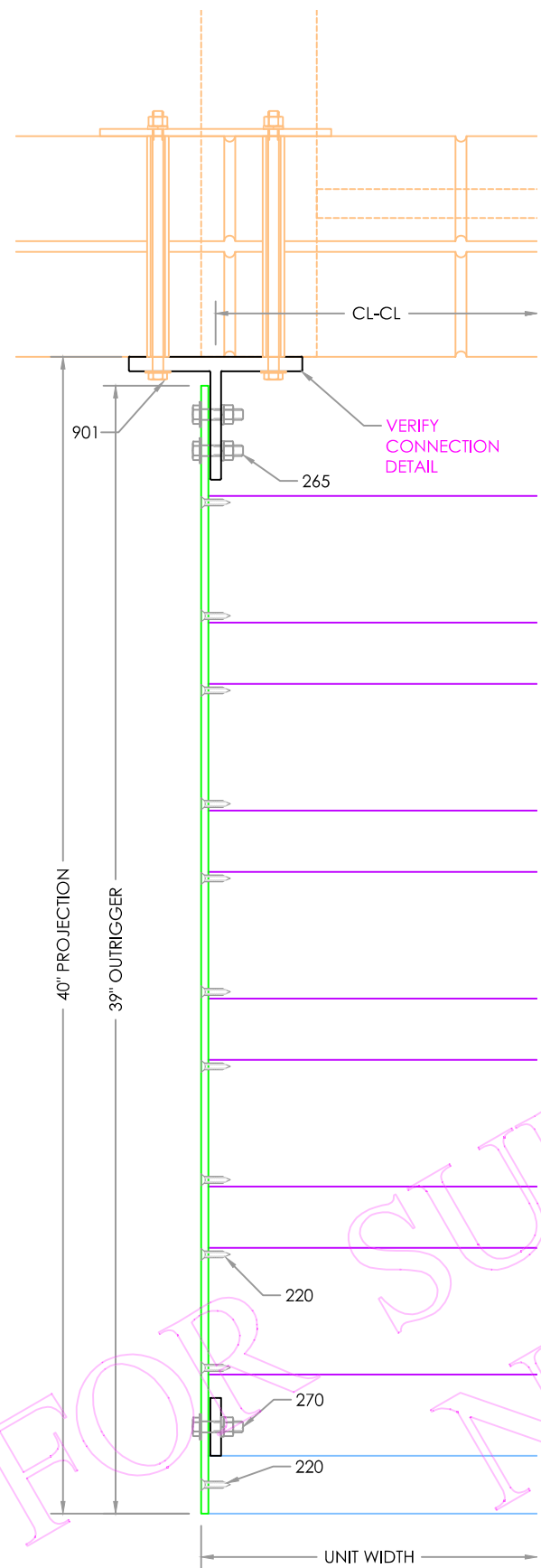
No.	By	Description	Date

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Job Name: WISCONSIN ALUMINUM FOUNDRY
Contractor: AIRFLOW ARCH.
Architect: SOMERVILLE ARCHITECTS/ENGINEERS

Date: 01/04/2024
Drawn By: DJB
Checked By: OW
Project Manager: SD
Job No.: 119491

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2.2

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METHODS PRIOR TO ENG. CALCS.

1
3.0

PLAN DETAIL
ARCH REF:N/A AT END

2
3.0

PLAN DETAIL
ARCH REF:N/A AT INTERMEDIATE

3
3.0

PLAN DETAIL AT BRICK FEATURE
ARCH REF:N/A AT END

4
3.0

PLAN DETAIL AT BRICK FEATURE
ARCH REF:N/A AT INTERMEDIATE

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Louvers, Inc.**

Revisions	
No.	Description

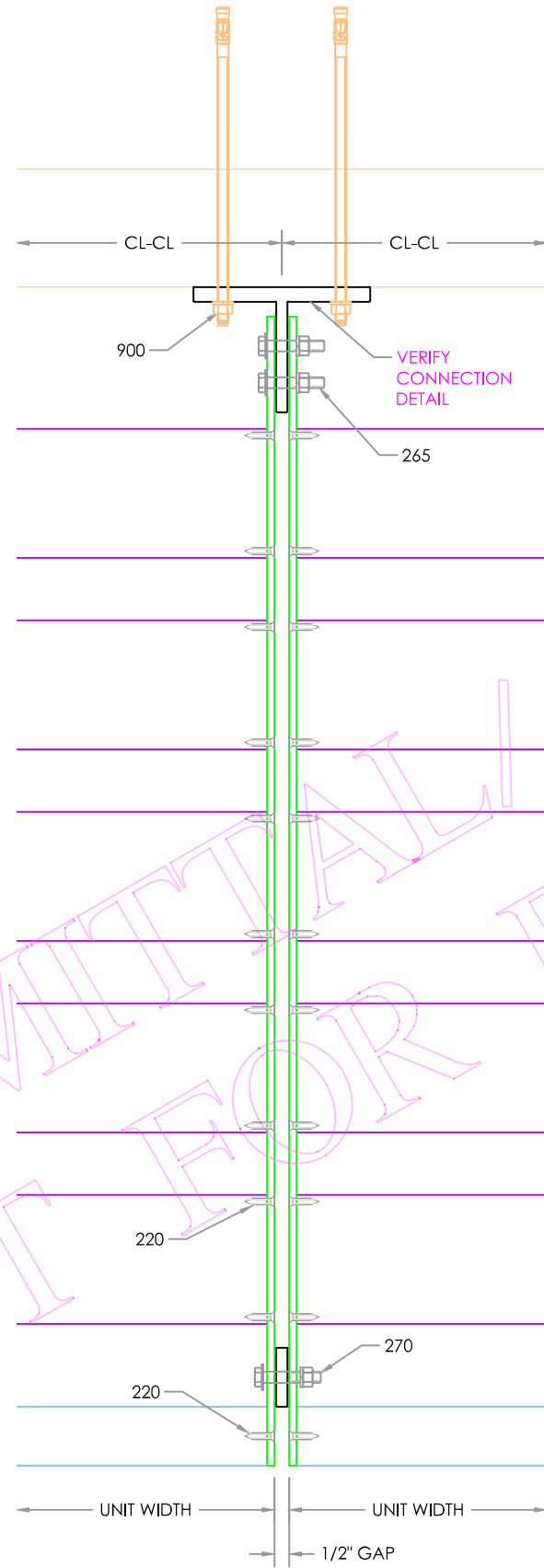
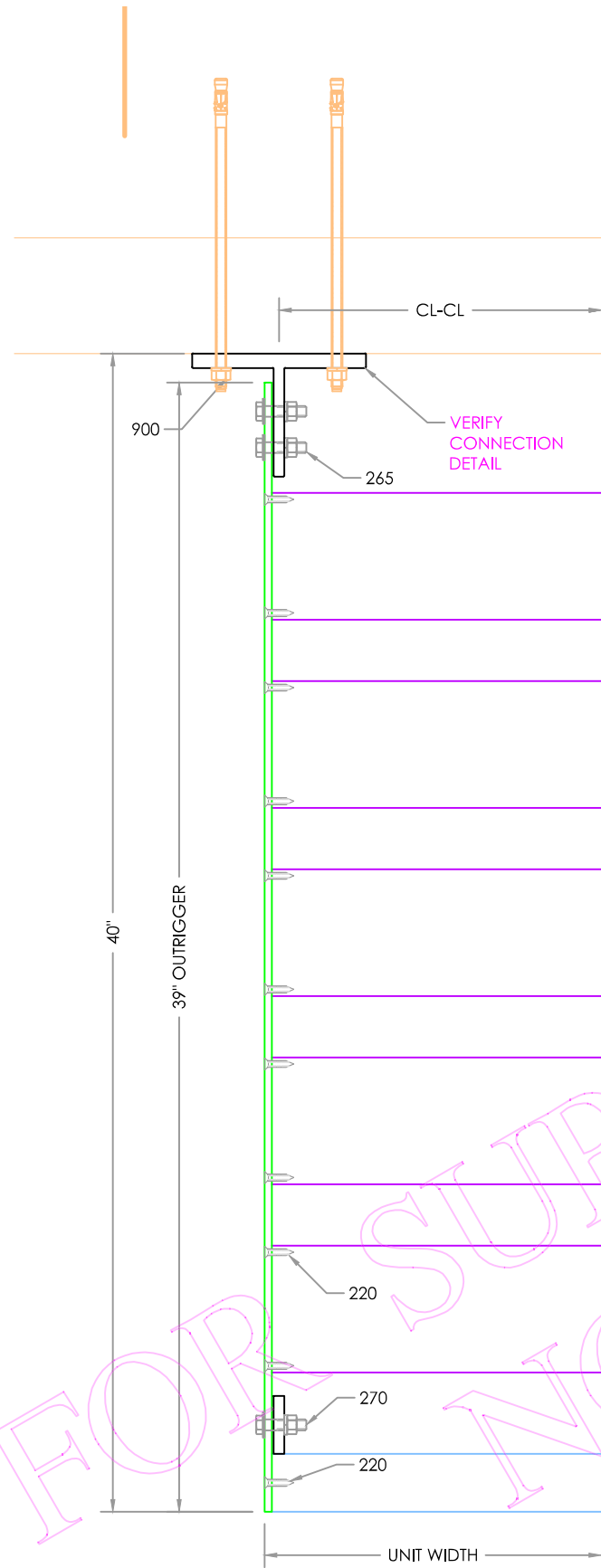
SA SERIES SUNSHADE
SECTION 10 71 13

Job Name: WISCONSIN ALUMINUM FOUNDRY
Contractor: AIRFLOW ARCH.
Architect: SOMERVILLE ARCHITECTS/ENGINEERS

Date: 01/04/2024
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Checked By: OW
Project Manager: SD

Job No.: **119491**

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3.0



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1
3.1

PLAN DETAIL
ARCH REF: N/A AT END

2
3.1

PLAN DETAIL
ARCH REF: N/A AT INTERMEDIATE

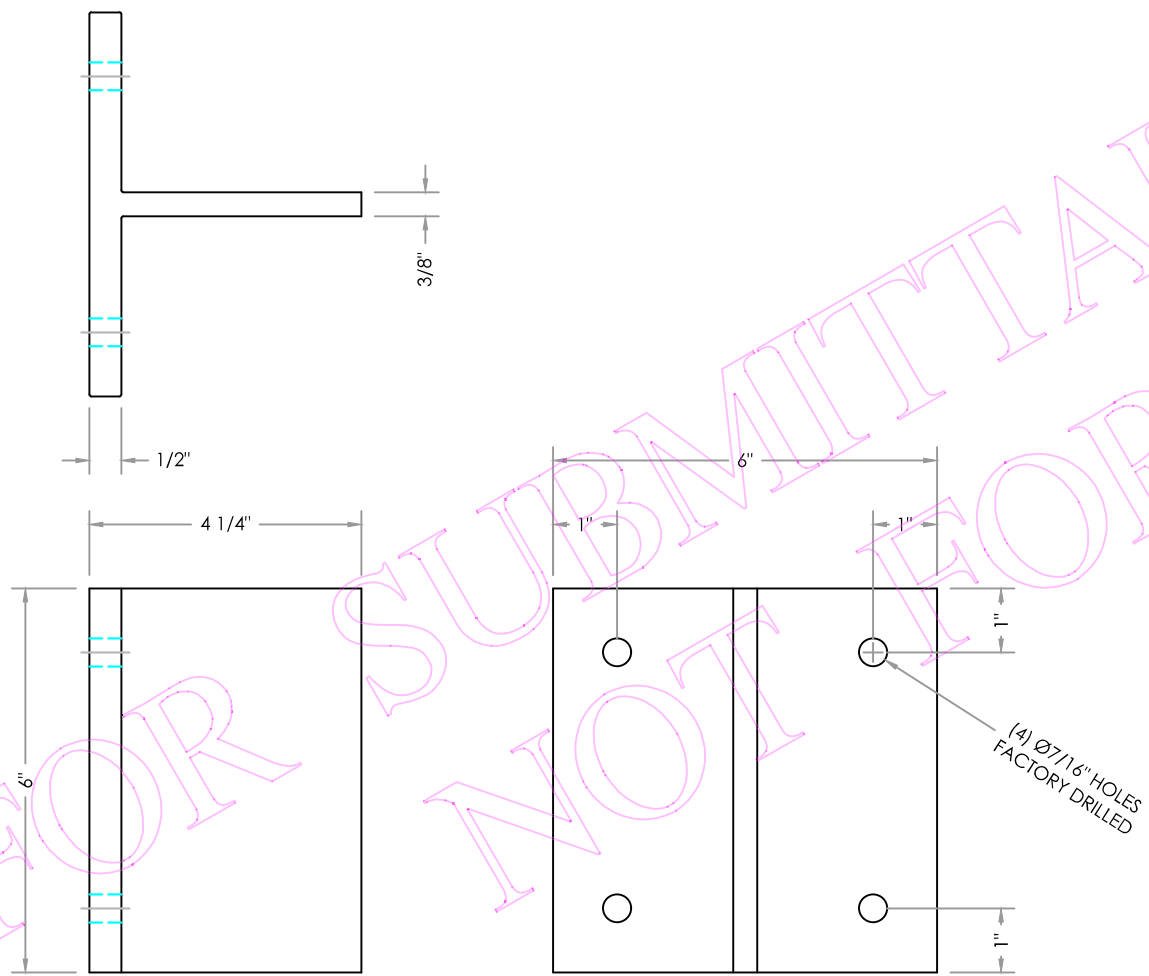
Revisions	
No.	Description

SA SERIES SUNSHADE
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Contractor: AIRFLOW ARCH.
Architect: SOMERVILLE ARCHITECTS/ENGINEERS

Date: 01/04/2024
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Checked By: OW
Project Manager: SD
Job No.: 119491

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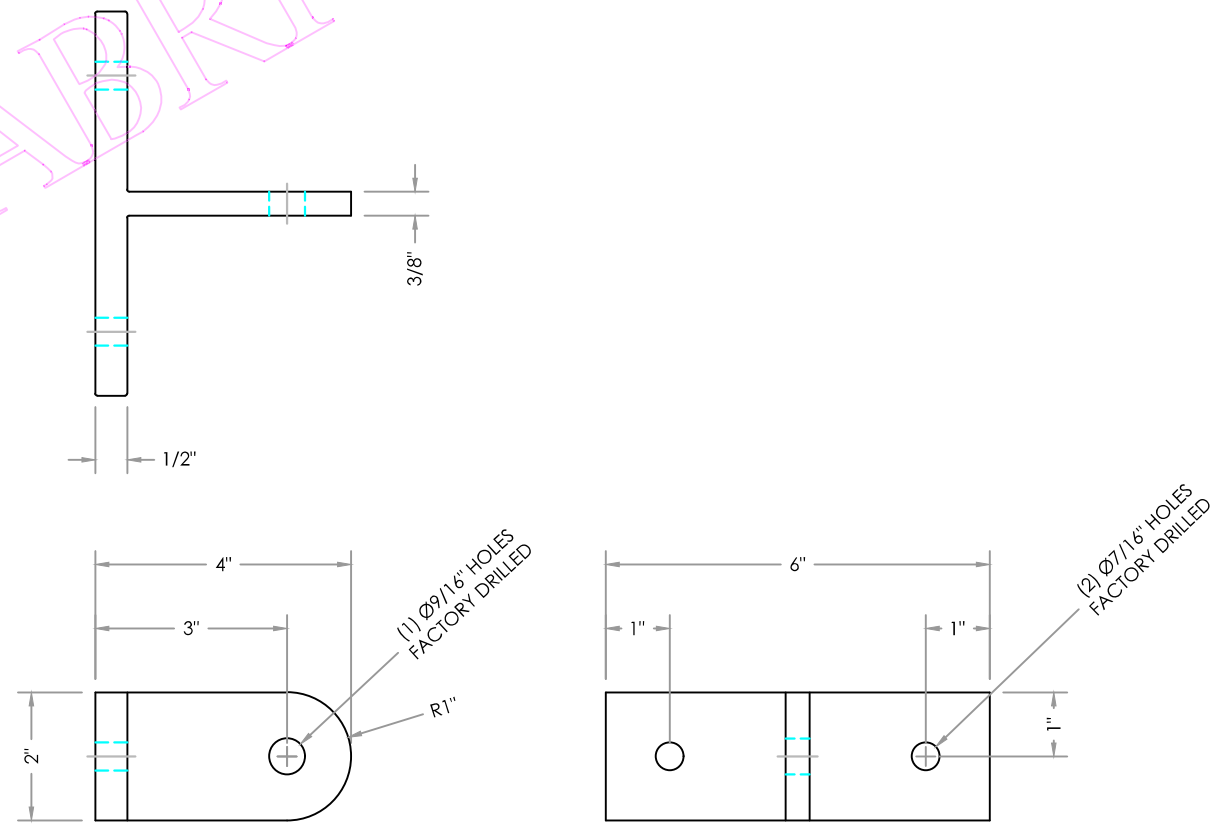
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MOUNTING BRACKET MB-1

#900, 901 TEE2030 ALLOY: 6005A-T5

1
4.0




UPPER SUSPENSION BRACKET SU-1

#902, 903 TEE2030 ALLOY: 6005A-T5

2
4.0

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Revisions		Date
No.	By	Description

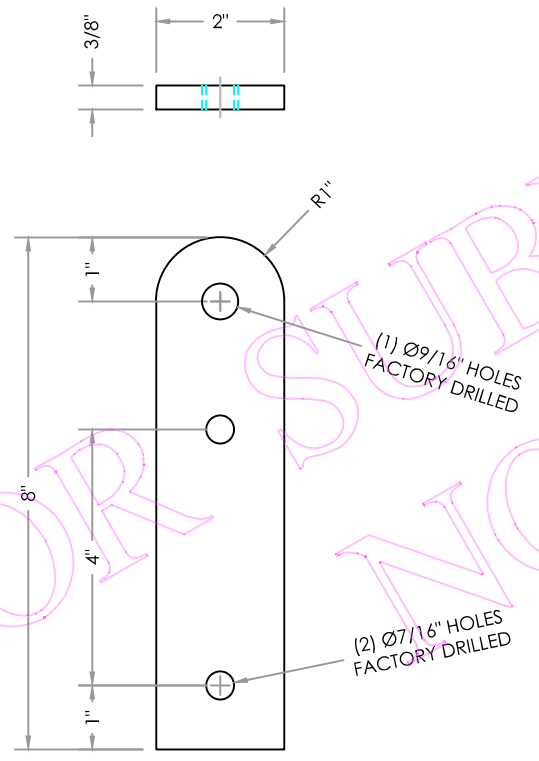
SA SERIES SUNSHADE
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 Contractor: AIRFLOW ARCH.
 Architect: SOMERVILLE ARCHITECTS/ENGINEERS

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Project Manager:	SD
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1
4.1

LOWER SUSPENSION TAB SU-2
 #270 FLBR2305 ALLOY: 6061-T6

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4.1

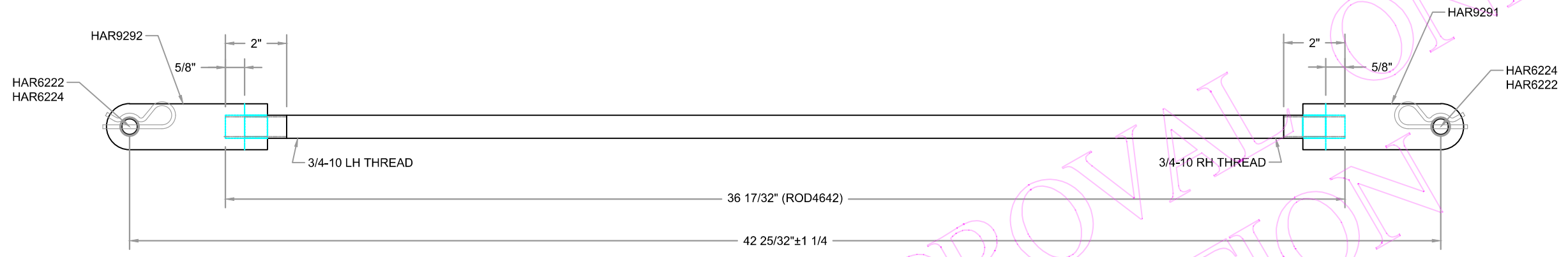
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Revisions	
No.	Description

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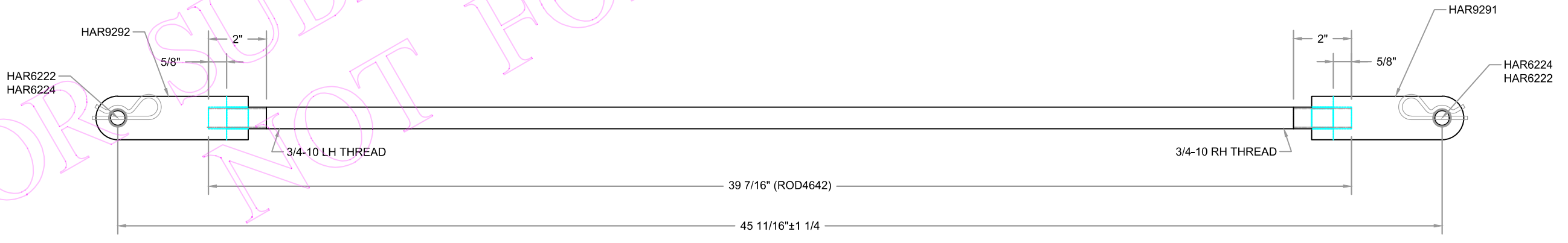
Date: 01/04/2024
 Drawn By: DJB
 Checked By: OW
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 Job No.: 119491

Sheet No.
 4.2



2
 4.2

SUSPENSION ROD SR-2
 #275



1
 4.2

SUSPENSION ROD SR-1
 #275

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