

WILLIAM PEDUTO
MAYOR



KARINA RICKS
DIRECTOR

June 2021

President and Members
City Council
City of Pittsburgh

**RE: 2 PPG PLACE
ENCROACHMENT**

Dear President and Members of City Council:

We have a request for an encroachment permit at 2 PPG Place in the 5th Ward, 1st Council District, as shown on the attached plan. A copy of the request is also attached.

HRLP FOURTH AVENUE LLC, is proposing to install, a new projecting sign onto an existing building for an indoor golf simulation.

Your favorable approval of this proposed Resolution is hereby recommended.

Sincerely,

A handwritten signature in black ink, appearing to be "K. Ricks", written over a horizontal line.

Karina Ricks
Director

KR:JM
Attachments


WILLIAM PEDUTO
MAYOR



KARINA RICKS
DIRECTOR

MEMORANDUM

To: Director Chris Hornstein - Public Works
Director Sarah Kinter - PLI
Director - Finance
Anthony Bilan - Law

From: Director Karina Ricks 

CC: Jen Massacci

Date: May 28, 2021

Re: Encroachment Permit

We have a request for an encroachment permit at 2 PPG Place in the 5th Ward, 1st Council District, as shown on the attached plan. A copy of the request is also attached.

HRLP FOURTH AVENUE LLC, is proposing to install, a new projecting sign onto an existing building for an indoor golf simulation.

KR/JM

Attachments

Michael Milligan - ADM Signs

3414 Charlotte Street, Pittsburgh, PA 15201

April, 16th, 2021

Ms. Karina Ricks
Director / Department Of Mobility and Infrastructure
611 Second Avenue, Pittsburgh PA 15219

Greetings Ms. Ricks,

I am contact you in regards to an encroachment decision as part of a sign permit application with the City Of Pittsburgh's Zoning and Permits License And Inspections departments. The proposed new projecting sign at 2 PPG Place extends 36" from the store front fascia over an existing public side walk. Stamped engineers drawings and site plan accompany this letter as well all other required documents. Please review and advise.

Regards,
Michael Milligan
Project Manager - ADM Signs
412-621-2211



CITY OF PITTSBURGH

Department of Mobility and Infrastructure

William Peduto, Mayor

Karina Ricks, Director

Application for an Encroachment on City Dedicated Right-Of-Way

Date 04-16-21

Applicant Name ADM Signs

Property Owner's Name (if different from Applicant) HRLP Fourth Avenue LLC

Address 3100 Smoketree Ct., STE., 600, Raleigh, NC 27604

Phone Number: 919-872-4924 Alternate Phone Number: _____

Location of Proposed Encroachment: 2 PPG Place

Ward: 101-1st Ward Council District: _____ Lot and Block _____

What is the properties zoning district code? GT-A (zoning office 255-2241)

Is the existing right-of-way, a street or a sidewalk? SIDEWALK

Width of Existing Right-of-Way (sidewalk or street): 16' (Before encroachment)

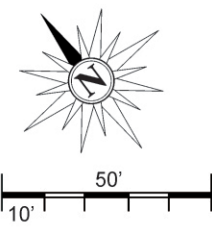
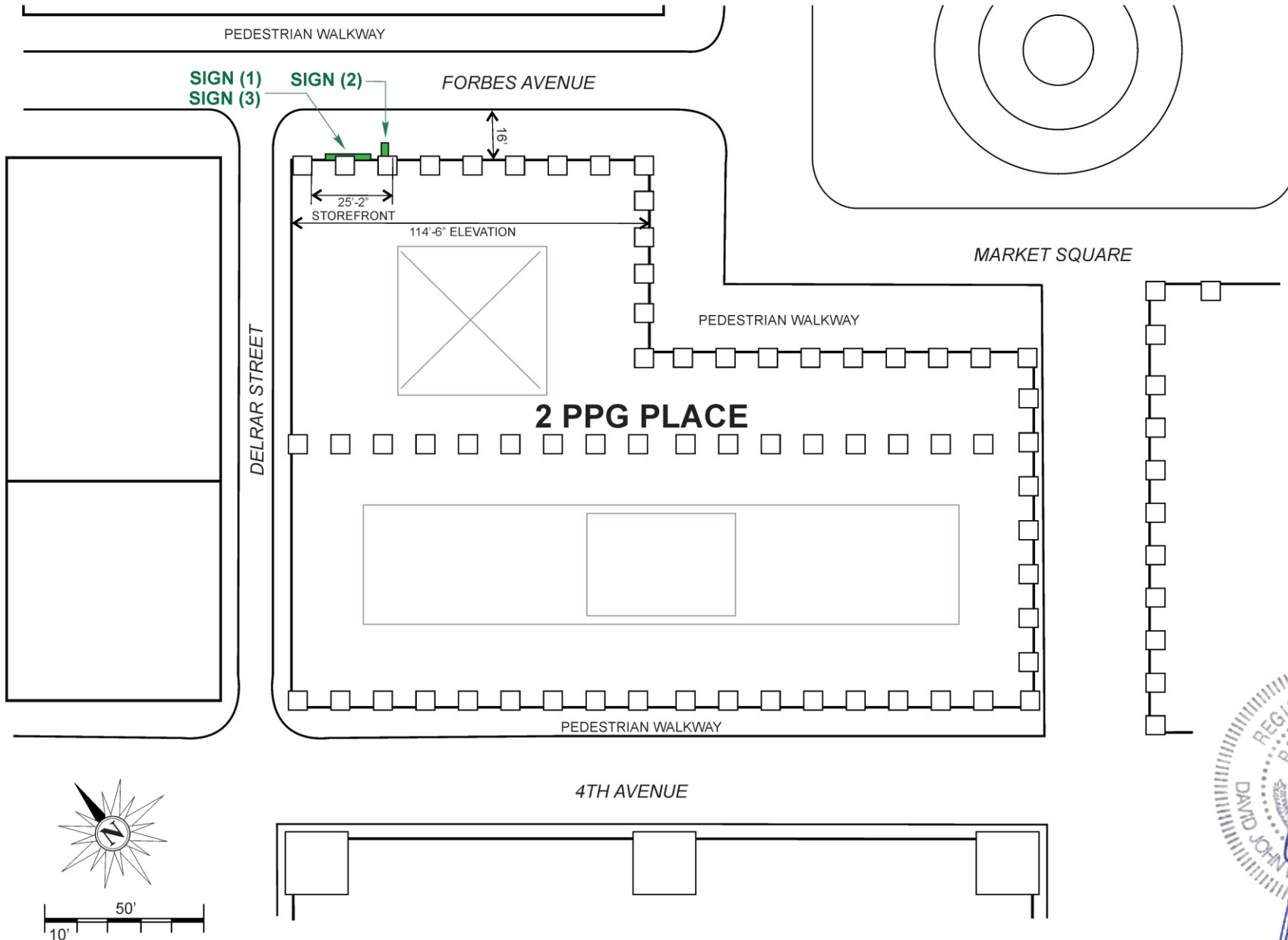
Length of Existing Right-of-Way (sidewalk or street): 25'-2" (Before encroachment)

Width of Proposed Encroachment: 3'

Length of Proposed Encroachment: 12"

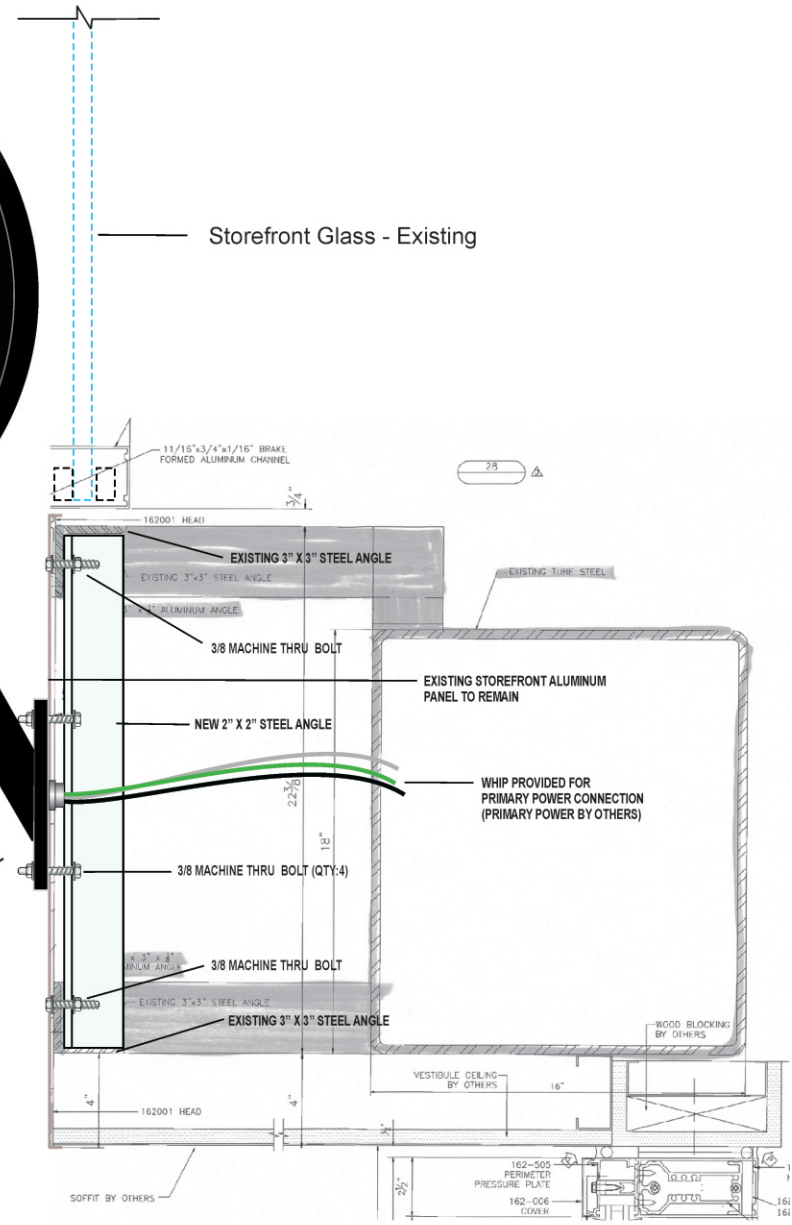
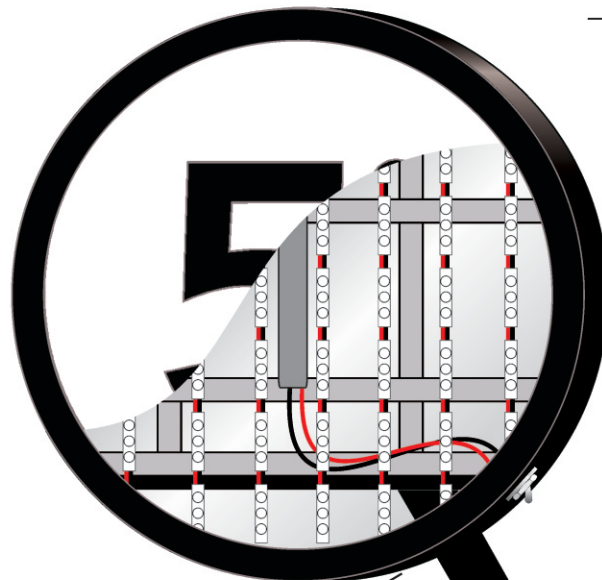
Reason for application: Proposed new sign projecting from store front fascia 36" over existing side walk. Encroachment decision required for sign permit application for PLI.

*****PLEASE ATTACH ALL ADDITIONAL INFORMATION *****



Five Iron Golf - 28 Market Square, Pittsburgh, PA	CUSTOMER APPROVAL	DATE: 04-23-21
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20"

FRONT ELEVATION - Sign Type (2)(QTY:1)
 D/F Projecting Sign - Channel Letter-Flag Mount
 Scale: NTS (4.9 SQFT)

Sign To Withstand 100 MPH Wind Load
 Sign To Withstand 30 lb Snow Load

SECTION @ ILLUMINATED CABINET



Five Iron Golf - 28 Market Square, Pittsburgh, PA	CUSTOMER APPROVAL	DATE: 04-23-21
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2021

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 Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway, NE, Suite 700 Atlanta, GA 30328	CONTACT NAME: Cheryl Boozer PHONE (A/C, No, Ext): (470) 875-0520 FAX (A/C, No): (877) 362-9069 E-MAIL ADDRESS: cheryl.boozer@usi.com														
INSURED Highwoods Properties, Inc. 3100 Smoketree Court, Suite 600 Raleigh, NC 27604	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Sompo America Insurance Company</td> <td style="text-align: center;">11126</td> </tr> <tr> <td>INSURER B:</td> <td></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: Sompo America Insurance Company	11126	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 15361508
REVISION NUMBER: See below

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 <input checked="" type="checkbox"/> Terrorism included as defined in policy. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GDLS1002C0	05/01/2021	05/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: PPG Place, Two PPG Place, Pittsburgh, PA; Five Iron Golf Sign encroachment. Certificate Holder is included as an additional insured on General Liability as respect liability arising out of the encroachment of sign on sidewalk at referenced location, subject to the policy's terms, exclusions, and conditions.

CERTIFICATE HOLDER

City of Pittsburgh
 Department of Mobility & Infrastructure
 414 Grant Street
 Pittsburgh, PA 15219

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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ACORD 25 (2016/03)