Application for license for building, structure, or physical encroachment in right-of-way

The undersigned applicant hereby makes application, pursuant to the provisions of Section 6.16 of the Mankato City Code, for a license required by the provisions of Section 6.16.

Applicant information

Name: APX Construction Group

Address: 1961 Premier Dr Unit 318 Mankato, MN 56001

Phone: 507-387-6836 Email: leah@apxconstructiongroup.com

Real property upon which encroachment is proposed to be located:

Street address: 830 N Broad St

Tax description: NA

Description of right-of-way area upon which encroachment is proposed to be located: Madison Ave set back

Interest of applicant in the real property: general contractor

Other record fee owners of property:
Habib Sadaka and Jessica Shouler

Other parties not listed having any interest in property and nature of such interest:
NA

The size and character of the building, structure, or encroachment to be licensed: 3392 sf footprint office building

Applicant hereby agrees to indemnify the city of Mankato from all claims and demands which may arise as a result of the installation, placement, building, erection, maintenance, occupation, or use of building, structure, or encroachment upon right-of-way. Applicant understands and agrees that if the license for which this application is made is granted, the license issued shall be revocable, and that the applicant shall not acquire any vested rights thereunder.

Applicant signature Date

License Applied for online. This is not the original application and is for informational purposes only.

Requirements: ☐Certificate of insurance ☐Scaled site plan drawing ☐ Application fee: $195

Submit registration form and attachments to 311 customer service staff at the Intergovernmental Center, 10 Civic Center Plaza, Mankato, MN, 56001, or email to 311@mankatomn.gov.

ArcGIS Web Map

Date: July 2025

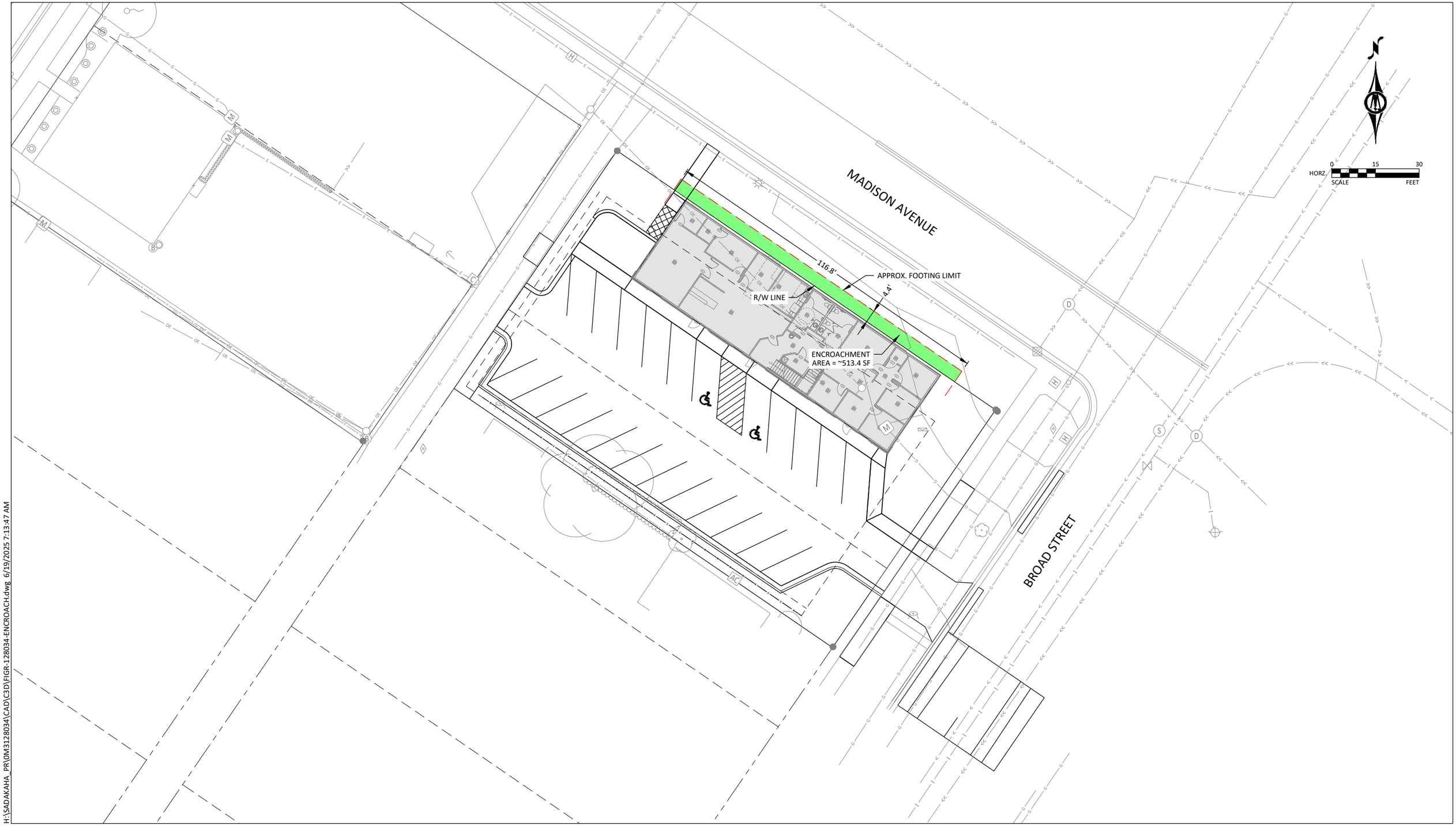
Author:

N

830 North Broad
Mankato, Minnesota

Footing R/W Encroachment
June 2025

BOLTON & MENK



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/23/2025

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	CONTACT NAME: Trisha Phillips	
Beadell Agency DBA Community Insurance	PHONE (A/C, No, Ext): (507) 385-4485	FAX (A/C, No):
300 St Andrews Drive	E-MAIL ADDRESS: trisha.phillips@cimankato.com	
Ste #100	INSURER(S) AFFORDING COVERAGE	NAIC #
Mankato MN 56001	INSURER A : UNITED FIRE & CAS CO	13021
INSURED	INSURER B :	
APX CONSTRUCTION GROUP LLC	INSURER C :	
1531 MADISON AVE STE 200	INSURER D :	
	INSURER E :	
MANKATO MN 56001-5443	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	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC ☐ OTHER:			60533648	04/01/2025	04/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			60533648	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			60533648	04/01/2025	04/01/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		60533648	04/01/2025	04/01/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Address: 830 N. Broad Street Mankato, MN 56001

CERTIFICATE HOLDER

City of Mankato

10 Civic Center Plaza

Mankato MN 56001

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

Trisha Phillips