CITY OF HARRISONBURG
COMMUNITY DEVELOPMENT

Encroachment License Application

https://harrisonburgva.gov/encroachment-license

LOCATION INFORMATION

Location Address or Description:

77 East Market St., Harrisonburg, VA 22801

PROPERTY OWNER INFORMATION

_____Simple Acres, LLC
_____
Property Owner Name

____Irina Dovganetskiy _____
Street Address
9065 North Valley Pike
Rockingham, VA 22802

_____
Agent Name, if applicable

_____540-560-3171 _____
Telephone

___irina@withsimplicitybeauty.com_____
E-Mail

OWNER'S REPRESENTATIVE INFORMATION

_____Same as above _____
Owner's Representative

_____
Telephone

_____
Street Address

_____
E-Mail

_____ _____ _____
City State Zip

CERTIFICATION

I certify that the information supplied on this application and on the attachments provided (maps and other information) is accurate and true to the best of my knowledge.

_____I. Dovganetskiy _____ _____12/19/2024___
PROPERTY OWNER **DATE**

REQUIRED ATTACHMENTS

- □ A letter describing the reason for your request.
- □ An "Exhibit A" illustrating the intended projection in sufficient detail for City Council to understand generally what will be approved and that would be referenced in the encroachment agreement.
- □ A completed, but unsigned encroachment agreement. The property owner will be requested to date and sign the agreement after City Council approves the request.

Note: A certificate of insurance is not required for City Council to hear the request but must be provided to the City before sign permits and building permits can be issued if approved. The certificate of insurance shall name the City as an additional insured, in the amount not less than one million dollars ($1,000,000.00).

TO BE COMPLETED BY PLANNING & ZONING DIVISION

_____
Date Application and Fee Received

_____
Received By

Subject: Request to Move Store Sign

December 19, 2024

To whom it may concern,

I am writing to inform you that withSimplicity, LLC has moved our store location from 66 East Market St, Harrisonburg, VA 22801 to 77 East Market St, Harrisonburg, VA 22801. We kindly request the relocation of our store sign to the new address.

Thank you for your attention to this matter.

Best regards,

Irina Dovganetskiy
Owner
withSimplicity, LLC

ENCROACHMENT LICENSE AGREEMENT

This **ENCROACHMENT LICENSE AGREEMENT** ("Agreement") is made and entered into this ____ day of _____, 20____, by and between the **CITY OF HARRISONBURG**, a municipal corporation of the Commonwealth of Virginia ("City"), and withSimplicity, LLC, a Virginia Limited Liability Company, ("Licensee"), whose address is 77 East Market Street, Harrisonburg, VA 22801.

WITNESSETH:

1. Encroachment Area. City hereby grants permission to the Licensee to encroach into the public right-of-way adjacent to 77 East Market Street for the purposes of installing one sign of a substantially similar design and at a substantially similar location as shown on Exhibit A, attached.

2. Liability Insurance. The Licensee shall acquire and maintain in effect a commercial general liability insurance policy which serves to insure the City and its officers, employees and agents against liability resulting from the erection, existence, maintenance, inspection and removal of the sign. Such certificate of insurance must be filed with the City Clerk prior to the issuance of any required building and/or public access permits for the encroachment permitted.

3. Indemnification. The Licensee its owner, officers, agents, assigns, and successors in interest of the sign erected over public property hereby indemnify and hold harmless the City of Harrisonburg and its officers, agents, and employees from any and all claims, legal actions, and judgments advanced against the City and for any expense the City may incur in this regard, arising out of the encroachment permitted.

4. Discontinuance. The Licensee understands that this Agreement is made pursuant to Section 15.2-2010 of the Code of Virginia, which allows City Council to discontinue this license at any time for good cause and at the expense of the then owner of the encroaching projection.

[SIGNATURE PAGE FOLLOWS]

CITY OF HARRISONBURG

By: _____
Alexander Banks, VI, City Manager

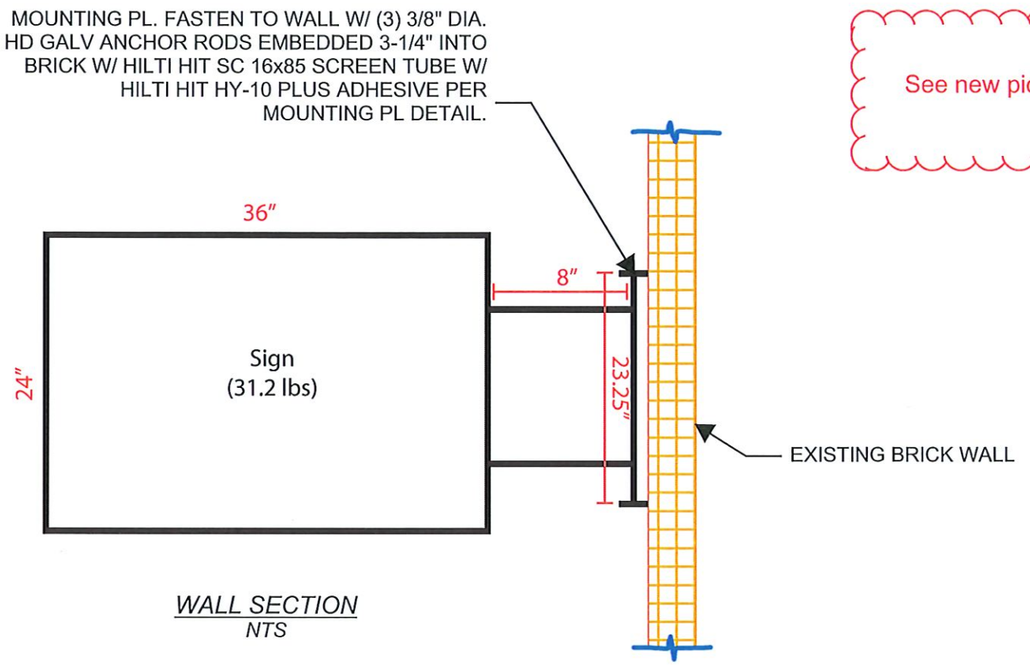
Entity name: withSimplicity, LLC

By: _____

Print Name: Irina Dovganetskiy

Title: owner

Exhibit A

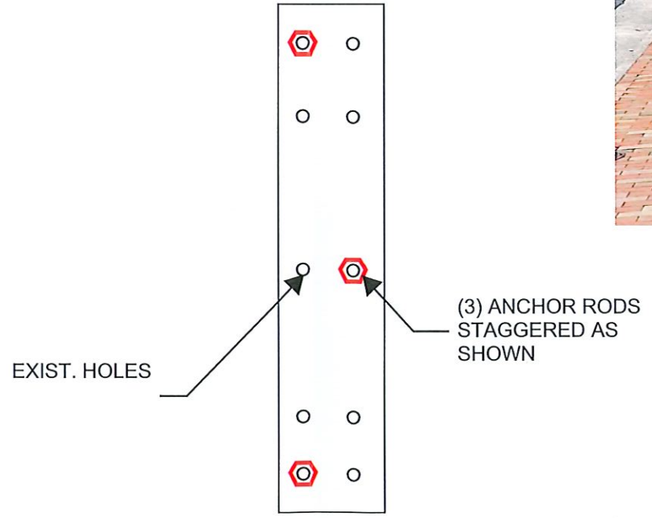


WALL SECTION
NTS

See new picture at new location.

PARTIAL ELEVATION / PERSPECTIVE
NTS

NOTES:
1. INSTALL ANCHORS PER MANUFACTURER'S WRITTEN INSTRUCTIONS.
2. PRIOR TO INSTALLATION, INSPECT BRICK AND MORTAR JOINTS TO ENSURE BRICK WALL IS COMPETENT TO BE ANCHORED TO.
3. FIELD VERIFY BRICK COURSING, AND SET ANCHOR SPACING IN MOUNTING PLATE SUCH THAT ANCHORS ARE VERTICALLY SPACED TO BE CENTERED IN EACH BRICK (ANCHORS SPACED EVERY-OTHER COURSE MIN.)
4. ANCHORS SHOULD BE INSTALLED NO CLOSER THAN 8 INCHES TO END/CORNER/EDGE OF BRICK WALL.



MOUNTING PL/ANCHOR PATTERN DETAIL
NTS

Monteverde
Engineering & Design Studio
250 E. Elizabeth St, Suite 114 • Harrisonburg, VA 22802
540.228.0202 | www.monteverdedesigns.com

COMMONWEALTH OF VIRGINIA
TRAVIS J. STRONG
Lic. No. 41978
08/24/2022
PROFESSIONAL ENGINEER

This seal covers the design of installation/ mounting of signage only. Owner/ Building Engineer of Record shall ensure wall structure has adequate capacity to support the signs indicated.

CLIENT:
IRINA DOVGANETSKIY

PROJECT LOCATION:
66 E. MARKET STREET
HARRISONBURG, VA

New location: 77 E. Market Street

withSimplicity Sign – 77 East Market Street

WITHSIM-01 PCUBBAGE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2024

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	CONTACT NAME:	
LD&B Insurance and Financial Services 205 South Liberty Street Harrisonburg, VA 22801	PHONE (A/C, No, Ext): (540) 433-2796	FAX (A/C, No): (540) 434-9670
	E-MAIL ADDRESS: info@ldbinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
WithSimplicity LLC 108 S Main St Harrisonburg, VA 22801	INSURER A : ERIE INSURANCE EXCHANGE	26271
	INSURER B : Erie Insurance Company of New York	16233
	INSURER C :	
	INSURER D :	
	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	
A	COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [ ] OCCUR	X		Q97-1770078	2/25/2024	2/25/2025	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO							
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]	N / A		Q86-7500200	2/25/2024	2/25/2025	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

City of Harrisonburg
409 South Main Street
Harrisonburg, VA 22801

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

Pamela M. Cubbage

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD