

AGENDA
Mobridge City Council - Special Meeting
Wednesday January 19, 2021 12:00 P.M.
Mobridge City Hall

- 1) Call to Order & Roll Call

- 2) New Business
 - Approve building mover's license
 - Approve application to move a building

- 3) Adjournment

****No action will be taken on items not on the Agenda due to the 24 hour public notice requirement.*

*****IF YOU WOULD LIKE TO ADDRESS THE COUNCIL YOU MUST COME TO THE PODIUM.**

pd 1-14-22
special meeting
ck # 3174 \$175.00

PAID

CITY OF MOBRIDGE
APPLICATION FOR BUILDING MOVER'S LICENSE

JAN 12 2022

ck # 1824

Building Mover:
Business Name: Matt Keller Const. LLC
Point of Contact: Matt Keller
Address: 12675 SD Hwy 1804
Mobridge SD 57601
Phone: 845-5777 848-0169
Office Cell

Insurance Company: State Farm
Business Name: Dakota Insurance
Point of Contact: Doug Heil
Jan Sawyer
Address: State Farm 215 W Grand Crossing 11
Dakota Insurance 320 Main St. Mobridge
Phone: 845-3603 / 845-7300

City of Mobridge
Thank you!

** Please attach a copy of your insurance policy with the limits set forth in 6-14-4 below. **

The undersigned does hereby apply to the City of Mobridge for a Building Mover's License and agrees to comply with all provisions of Mobridge City Ordinance 6-14 as set forth on this Application.

[Signature]
Signature

1-11-22
Date

\$25.00 Fee Paid?

Proof of Insurance Attached?

Date Approved/Denied by City Council

Date Permit Issued

The undersigned Mayor does hereby approve the forgoing Application under the conditions stated above and in ordinance 6-14 and issues this permit which shall expire on December 31, 20022.

Mayor

Date

Chapter 6-14 Building Movers

6-14-1 Definitions.

Terms used in this chapter mean:

- (1) "Building mover" any person, firm, partnership, corporation, or association who engages in the business work of moving a building across a public property within the city limits.
- (2) "Building moving" the moving of any house, building, structure, or any part or parts thereof, except structures or parts of structures less than 9 feet wide, 60 feet long, 13 feet total height when loaded, from one location to another when moving requires traveling upon, across, along, or over any street, avenue, highway, thoroughfare, alley, sidewalk, or other public ground in the city.
- (3) "Agency" the, administrative official, police department, and the city street department. (2006ORD845)



DECLARATIONS PAGE

NAMED INSURED 00104 41-9383-2 P A

000001 0050
KELLER, MATTHEW R
12675 SD HIGHWAY 1804
MOBRIDGE SD 57601-5002

POLICY NUMBER 070 0040-D15-41
POLICY PERIOD OCT 15 2021 to APR 15 2022
12:01 A.M. Standard Time

AGENT
DOUG HEIL
215 W GRAND XING
MOBRIDGE, SD 57601-2538

PHONE: (605)845-3603

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2004	FORD	F450SD	FLTBDTRK	1FDXW47P54EB91992	Commercial

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage Bodily Injury Limits Each Person, Each Accident \$250,000 \$500,000 Property Damage Limit Each Accident \$100,000	\$105.16
C	Medical Payments Coverage Limit Each Person \$5,000	\$6.60
U	Uninsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$250,000 \$500,000	\$6.37
W	Underinsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$250,000 \$500,000	\$15.82
Total premium for OCT-15-2021 to APR-15-2022		\$133.95 This is not a bill.

IMPORTANT MESSAGES

New Policy Form

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9841A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.
6018CY COMMERCIAL VEHICLE
6128AH AMENDATORY ENDORSEMENT
6128CM AMENDATORY ENDORSEMENT
6941A.2 AMENDATORY ENDORSEMENT

Agent: DOUG HEIL
Telephone: (605)845-3603
Prepared OCT 26 2021 9383-B72

State Farm Mutual Automobile Insurance Company
3 State Farm Plaza
Bloomington IL 61791-0002



AT2 F-93B3 A
KELLER, MATTHEW R & KYLIE M
12675 SD HIGHWAY 1804
MOBRIDGE SD 57601-5002

AUTO RENEWAL

AMOUNT DUE: \$701.11
Payment is due by October 04, 2021

Your State Farm Agent
DOUG HEIL
Office: 605-845-3603
Address: 215 W GRAND XING
MOBRIDGE, SD 57601-2538

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Thank you for choosing State Farm.

Policy Number: 035 1927-D04-41D
Policy Period: October 4, 2021 to April 4, 2022

Vehicle:
2021 GMC K2500

Principal Driver:
MATTHEW R KELLER

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$350.55 on OCT 04 2021.

The remaining half will be due on DEC 03 2021. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to

determine if you qualify, please contact your State Farm agent.

Location used to determine rate charged-12675 SD HIGHWAY 1804, MOBRIDGE SD 57601.

This policy expires on the date due if premium is not paid.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

(continued on next page)

Policy Number: 035 1927-D04-41D
Prepared August 31, 2021
1004583

Page number 1 of 5

↓ Please fold and tear here ↓

143562 202 01-15-2018

**Power To Pay
Your Way**



Online
statefarm.com/pay



Mobile
Use the
State Farm mobile app



Call
Automated Line: 1-800-440-0998
Your agent: 605-845-3603



Mail
Send us
a check



Visit your
State Farm
agent

Key code: 2878249634



Insured: KELLER, MATTHEW R & KYLIE M
Policy Number: 035 1927-D04-41D

Amount Due: \$701.11

Please pay by October 04, 2021

Make payment to State Farm

0609110265

State Farm Insurance Companies
P.O. Box 680001
Dallas, TX 75368-0001



For Office Use Only

02953-2-F2 F 9383-FB72
APP DT 11-13-2021 MUTL VOL

AUTO REN	\$701.11	1026
----------	----------	------

60035055 759127700070111 341200035192711106>

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon

as the same day we receive your payment, and you will not receive your check back from your financial institution.

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2021 GMC K2500	1GT49NEYXMF158836	MATTHEW KELLER, a married male, who will be age 36 as of October 04, 2021.	Business.

Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2013 GMC YUKON XL
2015 CHEVROLET K1500
1972 CHEVROLET K20
1998 WEST COAST OKANAGAN
2012 CHEVROLET K2500

The premium for this renewal was determined using an annual mileage this vehicle is expected to be driven that was developed from information we obtained or was provided by you. Please contact us if you expect your annual mileage to change over the next year.

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision,

(continued on next page)

Policy Number: 035 1927-D04-41D
Prepared August 31, 2021

Page number 2 of 5

Control your discount with Drive Safe & Save™

Get a discount just for enrolling. From there, how you drive determines how much you save.

If you haven't already, download the app and enroll. Text SAVE to 78836 or contact your agent, Doug Heil, at 605-845-3603.

VEHICLE INFORMATION *continued*

bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard

rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

KYLIE M KELLER

Principal Driver & Assigned Drivers

For each automobile, the Principal Driver is the individual who most frequently drives it.

Each driver is designated as an Assigned Driver on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

A	Liability	
	Bodily Injury 250,000/500,000	
	Property Damage 100,000	\$78.05
C	Medical Payments 5,000	\$4.14
D	500 Deductible Comprehensive	\$455.51
G	500 Deductible Collision	\$147.01
U	Uninsured Motor Vehicle	
	Bodily Injury 250,000/500,000	\$4.17
W	Underinsured Motor Vehicle	
	Bodily Injury 250,000/500,000	\$12.23
Amount Due		\$701.11

PAID

JAN 10 2022

ck# 3198

CITY OF MOBRIDGE
APPLICATION FOR A PERMIT TO
MOVE A BUILDING ON A CITY STREET

City of Mobridge
Thank you!

Application Date: 12-24-21

Moving Date & Time: 1-11-22

Back-up Date & Time: 1-12-22

The latest date 13th.

Contractor: Ins Cert. On File - \$3M Liab.

Building Owner:

Name: Matt Keller Const LLC

Name: Same - We have a

Address: 12675 SD Hwy 1804
Mobridge, SD 57601

Address: Contract To Remove This
house and fill the hole - Cap services
etc.

Phone: 848-0169
Office Cell

Phone: Joe - pitstop stores 701-989-4310
Home/Work Cell

Current Location: 401 6th Ave W

New Location: ? 7th Ave E After Remodel @ My Shop

Type of Building and Future Use of Building: Residential Home

Will City Services Be Required? If yes, which one(s)? Not until renovated + Moved To new loc.

Have you obtained a building permit? Demolition Permit

Size of Building: 25x29x13.5
L x W x H

Will Building Clear Overhead Lines? Likely - Spoken w/ MDC about Heights

Length of Time Building Will Be on City Streets: Hours / Less than half day

Notes/Comments: _____

A Map of the Proposed Route Must Be Attached

The mover is responsible for assuring that the route will accommodate the structure being moved without damaging any private or public property.

Matt Keller
Signature of Applicant or Owner*

*Signature acknowledges receipt of and agrees to comply with Ordinance 846.

\$50.00 Non-refundable Fee Paid? Yes

Deposit 500⁰⁰
\$500 to \$5000

Route Approved By:

Shaun Madresin
Chief of Police

Street Superintendent

Kerr
W/WW Superintendent

Mark
MIDCO

Michael Voll
MDU

S/A
WRT

Notes about route prior to move: See Attached Map

Date Approved by City Council: _____ Date Permit Issued: _____

Route Re-inspected & Approved By:

Chief of Police

Ryan Endura
Street Superintendent

Kerr
W/WW Superintendent

MIDCO

MDU

S/A
WRT

Damages and related costs to repair: _____

Date Return of Deposit Approved by City Council: _____

Date Returned: _____

Route Approved By:

_____ Chief of Police	_____ Street Superintendent	_____ W/WW Superintendent
_____ MIDCO	_____ MDU	_____ WRT

Notes about route prior to move: See Attached Map

Date Approved by City Council: _____ Date Permit Issued: _____

Route Re-inspected & Approved By:

_____ Chief of Police	_____ Street Superintendent	_____ W/WW Superintendent
_____ MIDCO	_____ MDU	<u>Brett Mosby</u> WRT Brett Mosby

Damages and related costs to repair: WRT has no aerial lines. Any WRT ground attached structures that may be damaged or need to be taken apart will be billed to mover. BEM

Date Return of Deposit Approved by City Council: _____

Date Returned: _____

With Ave South to Railroad Ave, Railroad Ave East to Walleye Way /
 (South Main Loop) S. Main LP to Riverfront Drive, Riverfront Drive E. To
 Reukheim Road, Reukheim Road North to 2nd St. 2nd St. West to 13th Ave.
 13th Ave North To My Shop - House will fit in My Shop To Be Remodeled

█ Proposed Route
█ Wide





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2021

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 Dacotah Insurance PO Box 910 320 Main St Mobridge, SD 57601	CONTACT NAME: PHONE (A/C, No, Ext): (605) 845-7300 E-MAIL ADDRESS: insurance@dacotahbank.com FAX (A/C, No): (605) 845-7037
	INSURER(S) AFFORDING COVERAGE
INSURED Matt Keller Construction LLC 12675 SD Hwy 1804 Mobridge, SD 57601	INSURER A: Acuity NAIC # 14184
	INSURER B:
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZC9005	5/3/2021	5/3/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COM/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	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)

CERTIFICATE HOLDER City of Mobridge 114 1st St E Mobridge, SD 57601	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 <i>Ashley Ulmer</i>