



PUBLIC DOCUMENT  
INDEX No.  
**# 9 1 8 2 2**  
CITY CLERK'S OFFICE  
MUSCATINE, IOWA

City Hall 215 Sycamore St.  
Muscatine, IA 52761-3840  
(563) 262-4141  
Fax (563) 262-4142

COMMUNITY DEVELOPMENT

Planning,  
Zoning,  
Building Safety,  
Construction Inspection Services,  
Public Health,  
Housing Inspections,  
Code Enforcement

**MEMORANDUM**

**To:** Mayor and City Council Members  
**Cc:** Gregg Mandsager, City Administrator  
**From:** Steven Boka, Director of Community Development  
**Date:** October 14, 2011  
**Re:** Request to Move a Building

**INTRODUCTION:** Title 8, Chapter 8 of the City Code requires that persons moving buildings across city streets obtain permission to do so from the City Council.

**BACKGROUND:** The owner of the existing home located at 3739 Mulberry Avenue has sold the existing home and is building a new home on the same acreage. As a part of that project, the owner sold the existing home which must be moved before he can occupy the new home. John Shelangoski, a local contractor has obtained the home and engaged the services of Goodwin House Movers to relocate the home from its current location, down Mulberry Avenue to Baton Rouge and east to the dead end intersecting with Diana Queen Drive. The home will then cross property owned by Central State Bank and be positioned on lot 1 at 3432 Clermont.

Mr. Shelangoski has provided the attached letter outlining his plan and has contacted the appropriate utility companies, regulatory agencies, and coordinated with the police department for escort services. Goodwin House Movers has supplied the necessary proof of insurance naming the city as an additional insured with respect to the moving project.

Mr. Shelongoski has also supplied a letter from Central State Bank authorizing his use of their property to access the building site on Clermont from Baton Rouge.

**RECOMMENDATION/RATIONALE:** It is recommended that the City Council approve the request to move the home from 3739 Mulberry Avenue to 3432 Clermont on November 17, 2011, as requested.

**BACKUP INFORMATION:**

- 1. Shelongoski letter
- 2. MP&W letter
- 3. Central State Bank letter
- 4. Certificate of Insurance

"I remember Muscatine for its sunsets. I have never seen any on either side of the ocean that equaled them" — Mark Twain

City of Muscatine  
Building and Zoning  
City Hall  
Muscatine, IA 52761  
Attn: Mr. Steve Bocka

October 7, 2011

RE: Proposed house move

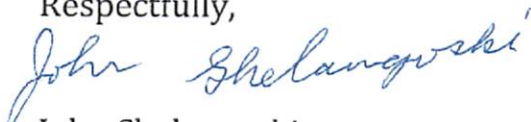
Dear Sir:

We are requesting approval and authorization to move a home structure from 3739 Mulberry Ave. to 3432 Clermont in Muscatine IA on November 17<sup>th</sup>, 2011. Goodwin Movers will be contracted to perform the actual relocation.

The route we are proposing is Mulberry Ave south to Baton Rouge Rd. east to where it dead ends at Diana Queen Dr. At that junction, we will be going off road to property (owned by Central States Bank) over to lot #1 at 3432 Clermont. The bank has given their written approval for this.

Muscatine Power and Water and Alliant Energy have been notified and will coordinate with Goodwin prior to and during the relocation. The Muscatine Police Department will provide traffic control during the move, and Randy Howe from city maintenance will remove and replace stop and other miscellaneous signage as is necessary to protect the public safety. The Iowa Department of Transportation (Muscatine County supervisor Lonnie Ford) has also been notified that Hwy 61 at the intersection of Mulberry Ave. will be crossed under escort.

Respectfully,

  
John Shelangoski



**Muscatine Power and Water**

3205 Cedar Street • Muscatine, Iowa 52761-2204  
563-263-2631

October 5, 2011

To whom it may concern:

Mr. John Shelangoski has contacted Muscatine Power and Water regarding the moving of a house within the City limits. Mr. Shelangoski has submitted his proposed route and provided us with a loaded height of 18'0". While we are reviewing his request and measuring our lines to determine any conflicts, I see no major deterrents to keep the project from moving forward.

Sincerely,

Steven M. Shoppa  
Supervisor Engineering Technician  
262-3324  
[sshoppa@mpw.org](mailto:sshoppa@mpw.org)



**Main Bank**  
301 Iowa Avenue in Downtown Muscatine  
P.O. Box 146, Muscatine, IA 52761 • (563) 263-3131

September 28, 2011

Mr. John Shelangoski  
2291 Saulsbury Road  
Muscatine, IA 52761

Dear John:

We understand that you will be moving an existing house to the lot you recently purchased legally described as Lot 1 of Riverbend Second Addition to the City of Muscatine. We also understand that you would like to transport the house over property owned by Central State Bank.

This letter is to serve as confirmation that the bank allows you to move the home across our property with the following two conditions:

- 1) The bank is provided with proof of an acceptable level of liability coverage by Goodwin House Moving.
- 2) Any erosion/land impairments issues caused by the move will be repaired at your expense.

If these two conditions are met, you have our permission to move the property across our ground and we wish you the best of luck.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel P. Stein'.

Daniel P. Stein  
*Vice President*



# CERTIFICATE OF LIABILITY INSURANCE

OP ID LJ

DATE (MM/DD/YYYY)

10/06/11

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 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  <b>Maguire Agency</b> 1935 West County Road B-2, #241 Roseville MN 55113 Phone: 651-638-9100 Fax: 651-638-9762	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #: <b>GOODW-1</b>		
INSURED  <b>Goodwin House Moving, Inc.</b> 2964 Coppock Road Washington IA 52353	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>SEM</b>		<b>11347</b>
	INSURER B: <b>Travelers Insurance Companies</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	ADDITIONAL SUBRS INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	660-0169L037	01/01/11	01/01/12	EACH OCCURRENCE: \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence): \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person): \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY: \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE: \$ 2,000,000
						PRODUCTS - COMP/OP AGG: \$ 2,000,000
						\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY		BA2234C032	01/01/11	01/01/12	COMB'D SINGLE LIMIT (Ea accident): \$ 1,000,000
	<input checked="" type="checkbox"/> ANV AUTO					BODILY INJURY (Per person): \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident): \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident): \$
	<input checked="" type="checkbox"/> HIRFD AUTOS					\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
						\$
A	<input type="checkbox"/> UMBRELLA LIAB		CUP-6889Y895	01/01/11	01/01/12	EACH OCCURRENCE: \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE: \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	34085.201	12/01/10	12/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTHER: \$
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT: \$ 100,000
		N/A				E L DISEASE - EA EMPLOYEE: \$ 100,000
						E L DISEASE POLICY LIMIT: \$ 500,000
B	<input type="checkbox"/> Cargo		660-0169L037	01/01/11	01/01/12	ACV up to \$125,000 \$2,500 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Additional Insured Applies Per Endorsement Form #CG D2 69 11 03, to follow

CERTIFICATE HOLDER  <b>XMUSCAT</b>  City of Muscatine 215 Sycamore St Muscatine IA 52761	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  



# CERTIFICATE OF LIABILITY INSURANCE

OP ID LJ

DATE (MM/DD/YYYY)

10/14/11

**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.**

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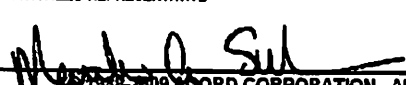
<b>PRODUCER</b>  Maguire Agency 1935 West County Road B-2, #241 Roseville MN 55113 Phone: 651-638-9100 Fax: 651-638-9762	<b>CONTACT NAME:</b> _____	
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: <b>GOODW-1</b>	
<b>INSURED</b>  Goodwin House Moving, Inc. 2964 Coppock Road Washington IA 52353	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: <b>SEM</b>	<b>11347</b>
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	INSURER C:	
	INSURER D:	
	INSURER E:	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	660-0169L037	01/01/11	01/01/12	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
	PERSONAL & ADV INJURY \$ 1,000,000					GENERAL AGGREGATE \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$ 2,000,000
						\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS		BA2234C032	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
						\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP-6889Y895	01/01/11	01/01/12	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
						\$
						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		34085.201	12/01/10	12/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
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**Additional Insured Applies Per Endorsement Form #CG D2 69 11 03, attached**

<b>CERTIFICATE HOLDER</b>  XMUSCAT  City of Muscatine 215 Sycamore St Muscatine IA 52761	<b>CANCELLATION</b>  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  

POLICY NUMBER 660-0169L037

COMMERCIAL GENERAL LIABILITY

ISSUE DATE: 10/6/11

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**State Or Political Subdivision:**

City of Muscatine

215 Sycamore St

Muscatine, IA 52761

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to:

- a. "Bodily injury," "property damage", "personal injury" or "advertising injury" arising out of operations performed for the state or municipality, or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".