



CITY OF HARRISONBURG
COMMUNITY
DEVELOPMENT

Encroachment License
Application
[https://harrisonburgva.gov/encroachment-li
cense](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 with **Simplicity, 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

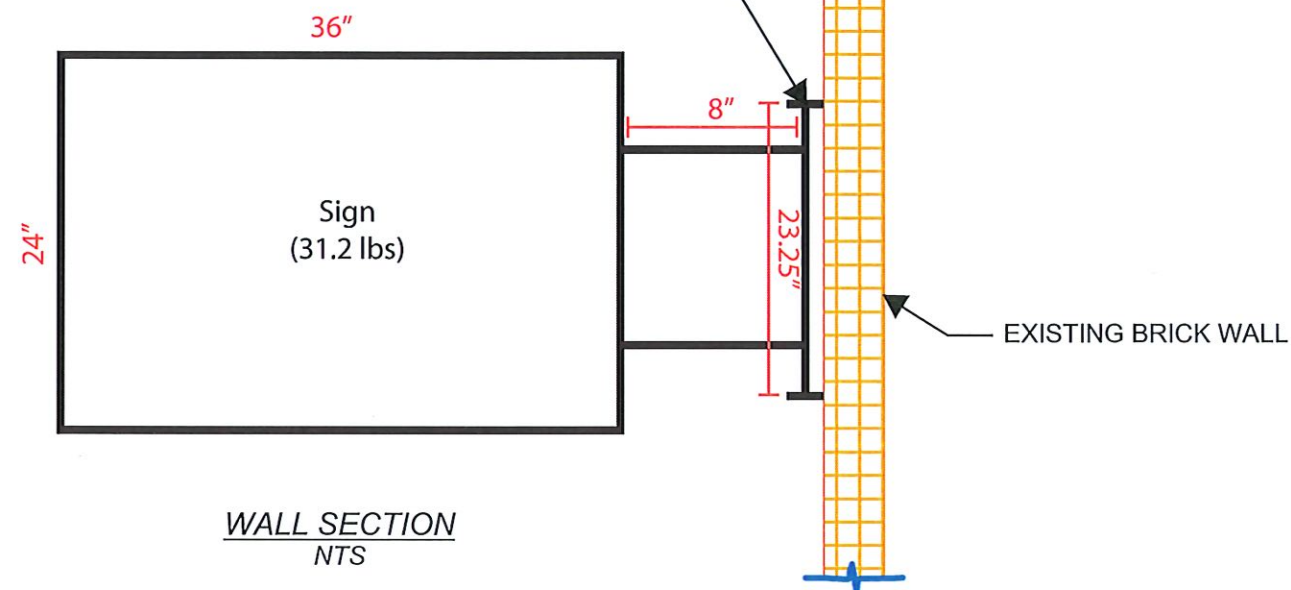
Entity name: withSimplicity LLC

By: 

Print Name: Irina Dorganetskiy

Title: owner

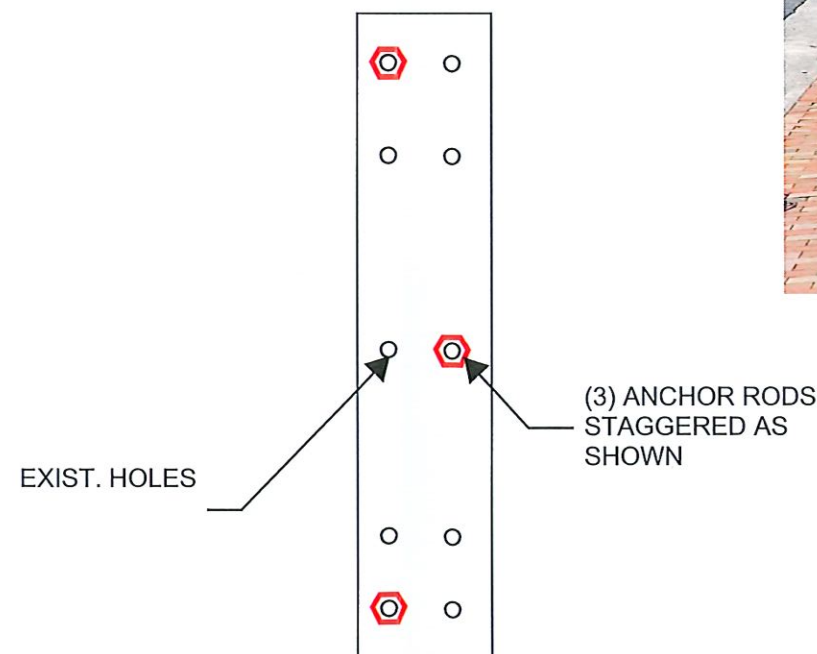
MOUNTING PL. FASTEN TO WALL W/ (3) 3/8" DIA. HD GALV ANCHOR RODS EMBEDDED 3-1/4" INTO BRICK W/ HILTI HIT SC 16x85 SCREEN TUBE W/ HILTI HIT HY-10 PLUS ADHESIVE PER MOUNTING PL DETAIL.



See new picture at new location.

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.



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 LD&B Insurance and Financial Services 205 South Liberty Street Harrisonburg, VA 22801	CONTACT NAME:		
	PHONE (A/C, No, Ext): (540) 433-2796	FAX (A/C, No): (540) 434-9670	
	E-MAIL ADDRESS: info@ldbinsurance.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	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 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Q86-7500200	2/25/2024	2/25/2025	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 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

CANCELLATION

City of Harrisonburg
409 South Main Street
Harrisonburg, VA 22801

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