

On State Highway?
☐ Yes ☒ No

**REVOCABLE OCCUPANCY/
STREET PRIVILEGE PERMIT APPLICATION**
City of La Crosse Legal Department - Phone: (608)789-7511
http://www.cityoflacrosse.org

Permit Number:
#

APPLICANT

Name: Perry McClellan Company Name: Charter
Address: 1228 12th Ave S. City: Onalaska State: WI Zip: 54650
Phone #: () Cell #: (608) 317-6213 Fax #: ()
Email: perry.mcclellan@charter.com

PROPERTY OWNER *If different from applicant

Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: () Cell #: () Fax #: ()
Email: _____

ENCROACHMENT TYPE (Check one):

- | | |
|--|--|
| <input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY | <input type="checkbox"/> OUTDOOR DINING AREA |
| <input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY | <input type="checkbox"/> AESTHETIC APPURTENANCE |
| <input type="checkbox"/> VENDING MACHINE/NEWSBOX | <input type="checkbox"/> GROUNDWATER MONITORING WELL |
| <input checked="" type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES | <input type="checkbox"/> BOATHOUSE/HOUSEBOAT |
| <input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT | <input type="checkbox"/> OFF-PREMISE SIGN |
| <input type="checkbox"/> OTHER: _____ | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:

50' D-Bore under State St to Belle Square installing
2" Duct for Fiber and Coax

Desired Start Date:

ASAP

Est. Completion Date:

9/1/16

CONTRACTOR/SIGN CO.:

Evolution

PERSON IN CHARGE:

Don Roberts

Phone #: ()

Cell #:

(920) 810-3408

Fax #: ()

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN)

) SS.

COUNTY OF LA CROSSE)

Personally came before me this _____ day of _____, 20____, the above named _____

Property Owner Signature: _____

A signed letter from the property owner or management company may be used in lieu of this signature **

_____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Signature of Property Owner **must** be notarized **

Tax Parcel ID #: _____

Notary Public, _____ County, _____
My commission expires: _____

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: _____

Date: _____

Perry McClellan

8/10/16

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____

Approval Date: _____

Required items to be provided by Applicant

Scale drawing of encroachment	<input checked="" type="checkbox"/>
Legal Description	<input type="checkbox"/>
Certificate of Insurance	<input checked="" type="checkbox"/>
Initial Application Fee \$ <u>50</u>	<input checked="" type="checkbox"/>
Annual Permit Fee \$ <u>50</u>	<input checked="" type="checkbox"/>

All items due prior to approval

Gray Shaded Areas to be Completed by City Staff

☐ Special Conditions of Approval Attached

NON-REFUNDABLE ANNUAL PERMIT FEE

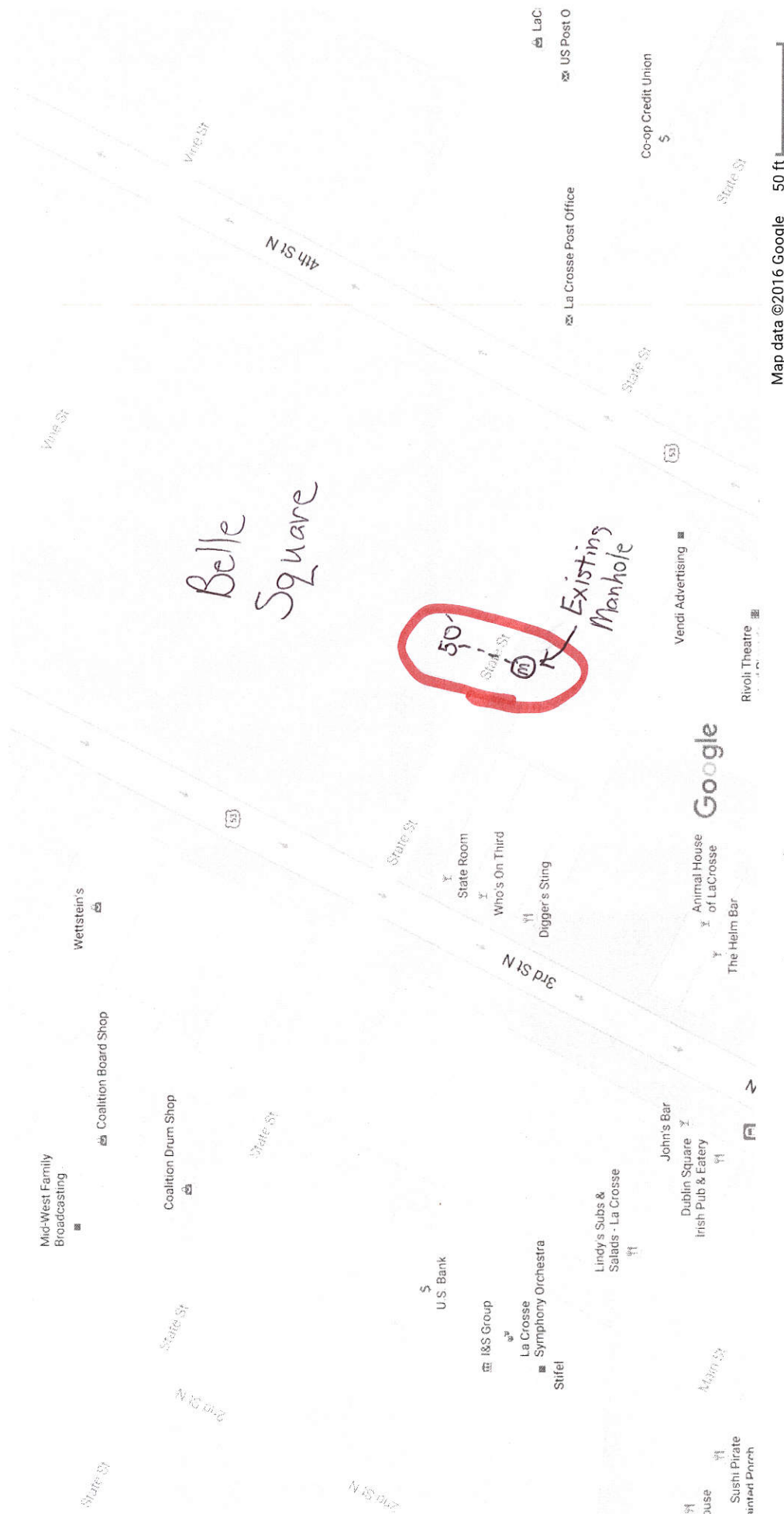
\$ _____ Payable to City Treasurer (See fee schedule)

Check # _____ Date Received: _____

Google Maps

La Crosse

Belle Square



* 50' Directional Bore
under State St. @ 40" + Deep installing 2" Duct
for Coax and Fiber



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/20/2016

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: StLouis.CertRequest@marsh.com Fax: 212-948-0811	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: ACE Property and Casualty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131	NAIC # 24147 20699	

COVERAGES **CERTIFICATE NUMBER:** CHI-006004894-57 **REVISION NUMBER:** 8

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 SUBR INSD 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:		MWZY 305715	11/01/2015	11/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MWTB 305710	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		XOOG28119616001	05/18/2016	05/18/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A		MWC 305714 00	11/01/2015	11/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(See reverse and/or attached for additional information)

CERTIFICATE HOLDER

CANCELLATION

City of LaCrosse Attn: City Hall - Legal Dept. 400 LaCrosse Street LaCrosse, WI 54602-3396	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>

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