

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 #: (608) 317-6213 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:

100' D-Bore to 2015 Ward Ave @ 40" Deep placing 2"
Duct & Coax

Desired Start Date:

ASAP

Est. Completion Date:

10-15-16

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.

Property Owner Signature: _____

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

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

STATE OF WISCONSIN)

)SS.

COUNTY OF LA CROSSE)

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

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

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:

Perry McClellan

Date:

9/29/16

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	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input type="checkbox"/> Legal Description <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ _____ <input type="checkbox"/> Annual Permit Fee \$ _____ <input type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

Google Maps Living Word Christian Church
2015 Ward Ave

