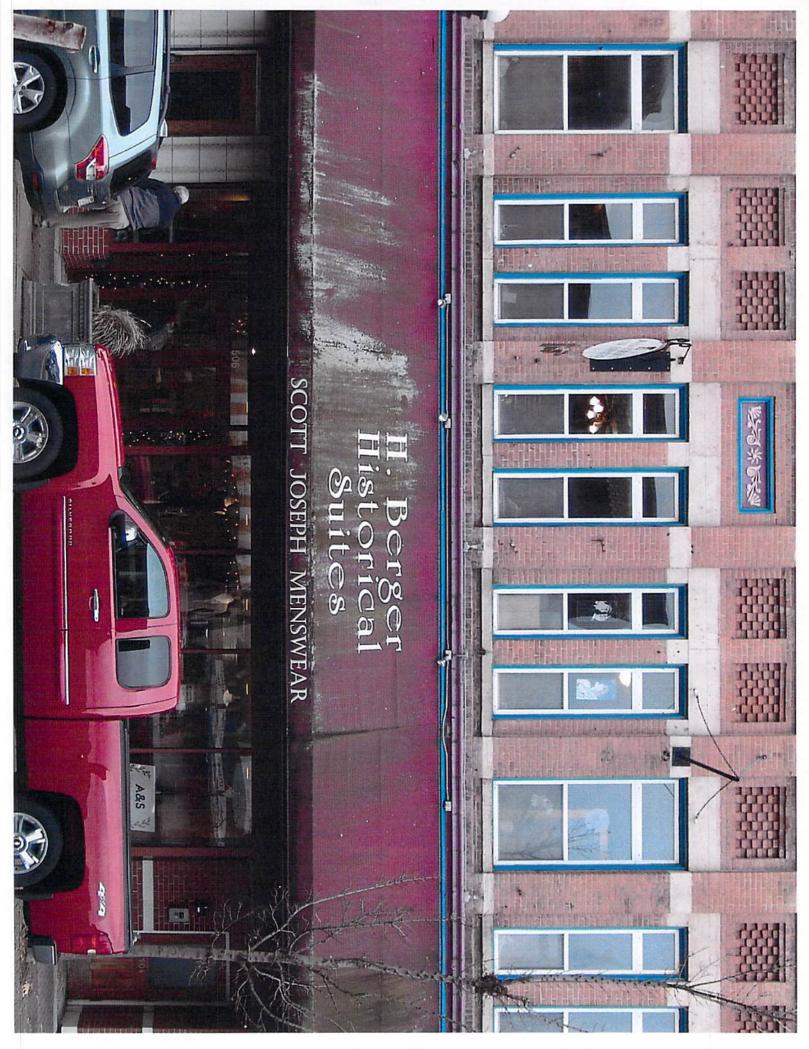
On State H	ighway?
□Yes	⊠ No

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

Permit Number:

APPLICANT Name: Phillip James Addis		Company Name:			-	
Address: 504 Main Street	City: La	_ Company Name: _	State: WI	Zip:	54601	
Phone #: (608) 784-1355	Cell #:	(608) 792-3437	Fax		3) 784-2919	
Email: paddis@addislaw.com				100	7,0,1	
PROPERTY OWNER *If different f	from applicant					
Name:		_ Company Name:				
Address:	City:		State:	Zip:		
Phone #: ( )	Cell #:		Fax	c#: (	)	
Email:	LANGE CONTRACT					
ENCROACHMENT TYPE (Check of AWNING/ON-PREMISE SIGN/O)  FIRE ESCAPE/ RESCUE PLATE VENDING MACHINE/NEWSBO) UNDERGROUND WIRES AND I AUTOMATIC IRRIGATION SYST	VERHEAD HEATER/C FORM/BALCONY ( INFRASTRUCTURES		☐ AESTHET☐ GROUND	R DINING ARI IC APPURTE WATER MON JSE/HOUSEB MISE SIGN	NANCE TORING WELL	
DESCRIPTION OF ENCROACHMI An existing awning that has been to be re-skinned. I nough other has been no original street privit	n in place for approx permits have been is	imately for 20 years	needs 04 ere Est	sired Start Da I-01-2017 . Completion icertain	700	
	Crosse Sign Compa	DEDSO		Craig Breits	precher	
Phone #: (608) 781-1450	Cell #:	(608) 780-7385	Fax			
or timely review, City Ordinance re		*		***************************************	3) 781-1451	
authorize the applicant listed above to hrough the City of La Crosse.  Property Owner Signature: Phillip Jam  A signed letter from the property owner used in lieu of this signature **	nes Addis	COUNTY Personally above nar	James Addis	to m	rch 2017 the BETSEY C FARMER e known as you had lic an industrial with the contain	
Signature of Property Owner must be n	otarized **	same	1. 1 lo		V 1 1 1 1	
Гах Parcel ID #: 17-20024-030	hi an Al	Notary Pu My commi	Public La Cross County, WI mission expires: U5/U1/ZUZU .			
certify that I have reviewed the Meave the full authority to make the complete and correct; the Work or rules, regulations, policies, and spectovered by an approved permit with obtaining any final documents and subject to the conditions that appears a matter of Applicant:	e foregoing application Use performed shall ecial conditions of the hilligence and converted follow all procedures	on; the information in comply with all the la e City of La Crosse. enience to the public. Is as defined in the Ci	n the application a aws of the State of The applicant agro After approval, a ity Municipal Code.	and the required wisconsin, the seas to perform the specific or the season of the seas	ired submittals are and all ordinances, in the work or use be responsible for	
Please return this completed applica	ation along with requi	red information and fo	10.0.0	list to: City of	La Crosse Logal	
Department, 400 La Crosse Street, 608)789-7511. You will then be given	6th Floor, La Crosse	WI 54601. With ques	stions please contac	ct the Legal D	Department at	
Approved By:	Required items to be p Scale drawing of encroa		Gray Shaded Areas to be Completed by City Staff			
	Legal Description Certificate of Insurance			580	Approval Attached	
	nitial Application Fee Annual Permit Fee	\$	NON-REFUNDAL \$Payable to	PERSONAL PROPERTY HE WINDOW	PERMIT FEE See fee schedule)	







## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2017

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 CONTACT Randy Eddy Sr. Carrier Insurance Agency PHONE (A/C. No. Ext): 608-784-6879
E-MAIL ADDRESS: 1228 Caledonia St. FAX (A/C. No): 608-784-5500 La Crosse, WI 54603 Randy Eddy Sr. INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: West Bend Mutual Ins. 15350 Phillip Addis & Julie Fogel INSURED INSURER B: P O Box 1104 La Crosse, WI 54602-1104 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) 1.000.000 CLAIMS-MADE X OCCUR X 1330245056 06/28/2017 06/28/2016 200,000 \$ 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2.000.000 **GENERAL AGGREGATE** \$ POLICY PRO-2,000,000 PRODUCTS - COMP/OP AGG • OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY s \$ **BODILY INJURY (Per person)** ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB Х 1,000,000 OCCUR **EACH OCCURRENCE** \$ EXCESS LIAB 133024506 06/28/2016 | 06/28/2017 1,000,000 **CLAIMS-MADE AGGREGATE** \$ Waived DED X RETENTIONS . WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY AND EAPLOTERS LIABILITY
ANY PROPRIETOR/PARTICE/EXECUTIVE
OFFICER/MEMBER EXCLUDEO?
(Mandatory in NH)
If yos, describe under
DESCRIPTION OF OPERATIONS below 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) Premises: 500-512 Main St. la Crosse, WI 54601. **CERTIFICATE HOLDER** CANCELLATION CITYLA2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. CITY OF LA CROSSE 400 LA CROSSE ST. LA CROSSE, WI 54601 **AUTHORIZED REPRESENTATIVE** Randy Eddy Sr.