

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: Mark Halter Company Name: \_\_\_\_\_  
 Address: 2610 CASS City: LAX State: WI Zip: 54601  
 Phone #: (608) 769-0333 Cell #: ( ) Fax #: ( )  
 Email: skhalter@gmail.com

**PROPERTY OWNER** \*If different from applicant  
 Name: Same 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 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 checked="" type="checkbox"/> OTHER: <u>Replace concrete SW with brick</u>	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
see photos

Desired Start Date: 7-1-17  
 Est. Completion Date: 1 week

**CONTRACTOR/SIGN CO.:** Remaining wall Sp **PERSON IN CHARGE:** Will Halter  
 Phone #: (608) 787-6057 Cell #: (608) 780-1806 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 \_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: [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 \*\*

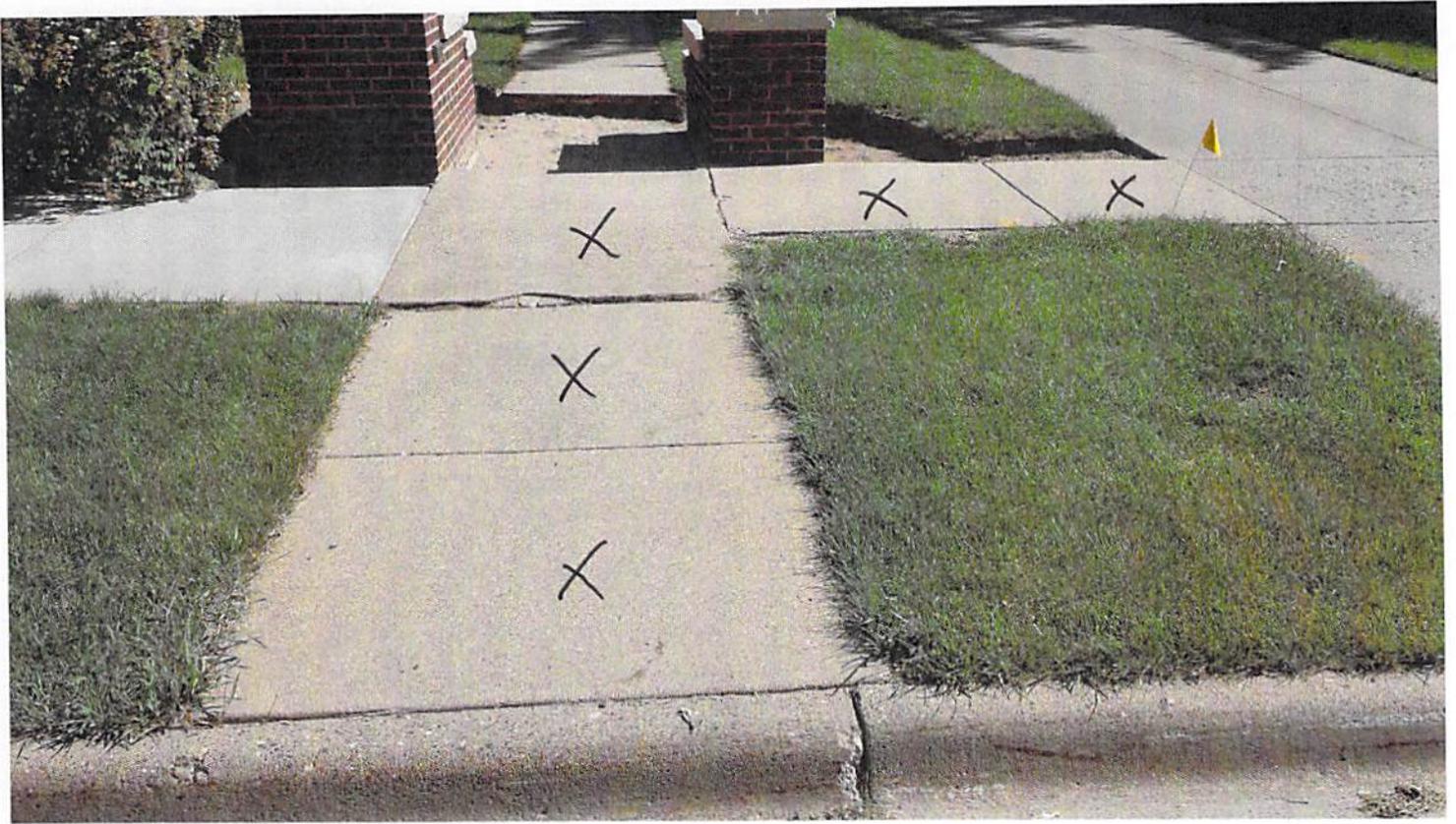
Tax Parcel ID #: \_\_\_\_\_ Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

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: [Signature] Date: June 21 2017

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



X = TO BE REMOVED AND REPLACED w/ BRICK



X = Removed and then bricked



Brick piece of sidewalk will  
be widened to remove jog.

Legal description of Tax Info



DOCUMENT NUMBER	WARRANTY DEED
<p>Marian S. Ramlow a/k/a Marian Ward Ramlow a/k/a Marian W. Ramlow, an unmarried person.</p>	
<p>conveys and warrants to <u>The Amendment and Restatement of</u> <u>Mark T. Heber and Susan K. Heber Revocable</u> <u>Trust Dated March 1, 2011.</u></p>	

1642025  
LACROSSE COUNTY  
REGISTER OF DEEDS  
CHERYL A. WEGRIDE

RECORDED ON  
07/10/2014 03:45PM  
REC FEE: 30.60  
TRANSFER FEE: 1049.70  
EXEMPT #: \_\_\_\_\_  
PAGES: 1

<p>Mark and Susan Heber 2810 Cass Street La Crosse, WI 54601</p>
Tax Parcel No: 17-50247-050

The following described real estate in La Crosse County, State of Wisconsin:

Part of the SW 1/4 of the fractional NE 1/4 of Section 4, Township 15 North, Range 7 West, in the City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning on the North line of said SW 1/4 of the fractional NE 1/4 at a point 400 feet East of the Northwest corner thereof; thence South 300 feet; thence East to the Westerly line of the Chicago, Burlington and Quincy Railroad right-of-way; thence North along said Westerly line to the North line of said SW 1/4 of the fractional NE 1/4; thence West along said North line to the place of beginning.

Also beginning at a point 33 feet South of the Northwest corner of the above described parcel; thence South along the West line of said above described parcel 267 feet to the Southwest corner thereof; thence West 3.5 feet; thence Northerly 267 feet more or less to a point 7 feet West of the place of beginning of this description; thence East 7 feet to the place of beginning.

Also beginning at a point 295.18 feet South and 358.26 feet East of the Northwest corner of said SW 1/4 of the fractional NE 1/4; thence East parallel with the North line of said SW 1/4 of the fractional NE 1/4 to the Westerly line of the Chicago, Burlington and Quincy Railroad right-of-way; thence Southerly along said Westerly line 37.99 feet; thence West 252.3 feet to a point which is 38.04 feet South of the place of beginning; thence North parallel with the West line of said SW 1/4 of the fractional NE 1/4 38.04 feet to the place of beginning.

This is is homestead property.  
(N)

Except as to mortgages, easements, covenants, servitudes and restrictions of record, though no republication is intended herein. General taxes for the year 2013.

Dated this 7th day of July, 2014.

\_\_\_\_\_  
(SEAL) Marian S. Ramlow (SEAL)  
\_\_\_\_\_  
\_\_\_\_\_  
(SEAL) Marian S. Ramlow (SEAL)

**AUTHENTICATION**  
Signature(s) \_\_\_\_\_  
authenticated this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

**ACKNOWLEDGEMENT**  
STATE OF WISCONSIN }  
LA CROSSE COUNTY } SS  
Personally came before me this 7th day of July, 2014 the above named Marian S. Ramlow

TITLE: MEMBER STATE BAR OF WISCONSIN  
is not authorized by Wis. Stat. Wisconsin Statutes

to me known to be the person who executed the foregoing instrument and acknowledge the same.  
James T. Gull  
Notary Public, State of Wisconsin  
My commission expires 5/29/17

Drafted by James T. Gull - La Crosse, WI

\*Removal of notary signature in any capacity should be typed or printed below their signature

## EXHIBIT A

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Part of the SW 1/4 of the fractional NE 1/4 of Section 4, Township 15 North, Range 7 West, in the City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning on the North line of said SW 1/4 of the fractional NE 1/4 at a point 400 feet East of the Northwest corner thereof; thence South 300 feet; thence East to the Westerly line of the Chicago, Burlington and Quincy Railroad right-of-way; thence North along said Westerly line to the North line of said SW 1/4 of the fractional NE 1/4; thence West along said North line to the place of beginning.

Also beginning at a point 33 feet South of the Northwest corner of the above described parcel; thence South along the West line of said above described parcel 267 feet to the Southwest corner thereof; thence West 3.5 feet; thence Northerly 267 feet more or less to a point 7 feet West of the place of beginning of this description; thence East 7 feet to the place of beginning.

Also beginning at a point 295.16 feet South and 398.26 feet East of the Northwest corner of said SW 1/4 of the fractional NE 1/4; thence East parallel with the North line of said SW 1/4 of the fractional NE 1/4 to the Westerly line of the Chicago, Burlington and Quincy Railroad right-of-way; thence Southerly along said Westerly line 37.59 feet; thence West 252.3 feet to a point which is 38.04 feet South of the place of beginning; thence North parallel with the West line of said SW 1/4 of the fractional NE 1/4 38.04 feet to the place of beginning.



**2610 CASS ST LA CROSSE**

Parcel: 17-50247-50  
 Internal ID: 38703  
 Municipality: City of La Crosse  
 Record Status: Current  
 On Current Tax Roll: Yes  
 Total Acreage: 1.778  
 Township: 15  
 Range: 07  
 Section: 04  
 Qtr: SW-NE

**Abbreviated Legal Description:**

PRT SW-FRAC NE BEG ON N LN SW-FRAC NE 400FT E OF NW COR S 300FT E TO WLY LN CB&Q RR R/W N  
 ALG WLY LN TO N LN SW-FRAC NE W ALG N LN TO POB & BEG 33FT S OF NW COR ABOVE DESC PRCL S  
 ALG W LN PRCL 267FT TO SW COR W 3.5FT NLY 267FT M/L TO A PT 7FT W OF POB E 7FT TO POB & BEG AT  
 A PT 295.16FT S & 398.26FT E OF NW COR SW-FRAC NE E P/W N LN SW-FRAC NE TO WLY LN CB&Q RR R/W  
 SLY ALG WLY LN 37.59FT W 252.3FT TO A PT 38.04FT S OF POB N P/W W LN SW-FRAC NE 38.04FT TO POB

**Property Addresses:**

Street Address	City(Postal)
2610 CASS ST	LA CROSSE

**Owners/Associations:**

Name	Relation	Mailing Address	City	State	Zip Code
MARK T HALTER REVOCABLE TRUST AMENDMENT AND RESTATEMENT		2610 CASS ST	LA CROSSE	WI	54601-4314
SUSAN K HALTER REVOCABLE TRUST AMENDMENT AND RESTATEMENT		2610 CASS ST	LA CROSSE	WI	54601-4314

**Districts:**

Code	Description	Taxation District
2849	LA CROSSE SCHOOL	Y
5	Book 5	N

**Additional Information:**

Code	Description	Taxation District
2012+ VOTING SUPERVISOR	2012+ Supervisor District 7	
2012 + VOTING WARDS	2012+ Ward 21	
POSTAL DISTRICT	LACROSSE POSTAL DISTRICT 54601	
Use	1 UNIT	

**Lottery Tax Information:**

7/10/2015

www.co.la-crosse.wi.us/landrecordsportal/PrintParcel.aspx?ParcelID=38703&TaxYear=2014

Lottery Credits Claimed: 1 on 10/24/2014  
Lottery Credit Application Date: 10/16/2014

**Tax Information:**

**Billing Information:**

Bill Number: 14270

Billed To: MARK T, SUSAN K  
HALTER REVOCABLE TRUST AMENDMENT AND  
RESTATEMENT  
2610 CASS ST  
LA CROSSE WI 54601-4314

Total Tax: 6917.03

Payments Sch.

1-31-2015	1626.80
3-31-2015	1763.41
5-31-2015	1763.41
7-31-2015	1763.41

**Tax Details:**

	Land Val.	Improv Val.	Total Val.	Assessment Ratio	0.956124557
Assessed:	94200	151500	245700	Mill Rate	0.029036821
Fair Market:	98500	158500	257000	School Credit:	451.87
Taxing Jurisdiction:			2013 Net Tax	2014 Net Tax	% of Change
STATE OF WISCONSIN			\$ 44.0300	\$ 43.5100	-1.2000
La Crosse County			\$ 970.7000	\$ 943.7700	-2.8000
Local Municipality			\$ 3142.8700	\$ 3007.0200	-4.3000
LA CROSSE SCHOOL			\$ 2879.1100	\$ 2731.7400	-5.1000
WTC			\$ 644.1100	\$ 408.3200	-36.6000

Credits:

First Dollar Credit: 80.72  
Lottery Credit: 136.61

Additional Charges:

Special Assessment: 0.00  
Special Charges: 0.00  
Special Delinquent: 0.00  
Managed Forest: 0.00  
Private Forest: 0.00  
Total Woodlands: 0.00

Grand Total: 6917.03

**Payments & Transactions**

Desc	Rec. Date	Rec #	Chk #	Total Paid	Post Date
Payment to Local Municipality	1/30/2015	403746	0	\$ 6917.03	1/2015



**Certificate of Insurance**

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **HALTER, MARK & SUSAN**  
 Address of policyholder **2610 Cass St., La Crosse, WI 54601**  
 Location of operations **SAME**  
 Description of operations **Sidewalk Installation Privilege Permit City**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)
		Effective Date	Expiration Date	
	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input type="checkbox"/> Products - Completed Operations			Each Occurrence \$
	<input type="checkbox"/> Contractual Liability			General Aggregate \$
	<input type="checkbox"/> Personal Injury			Product - Completed \$
	<input type="checkbox"/> Advertising Injury			Operations Aggregate \$
	<input type="checkbox"/>			
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella			Each Occurrence \$
	<input type="checkbox"/> Other			Aggregate \$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory Part II - Employers Liability
	Workers' Compensation and Employers Liability			Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)
49-BX-A425-9	Homeowners	07/07/2016	7/07/2018	LIABILITY \$300,000 (two renewals)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

**Additional Insured**  
**City of La Crosse**  
**Legal Department**  
**400 La Crosse St**  
**La Crosse, WI 54601**

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative  
**AGENT** 06/20/17  
 Title Date  
**PAUL DUNHAM, CLU**  
 Agent Name  
 Telephone Number **(608) 784-4024**

Agent's Code Stamp  
 Agent Code  
 AFO Code