On State Hi	
□ Yes	□ No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION City of La Crosse Engineering Department - Phone: (608)789-7505 http://www.cityoflacrosse.org

Permit Number:

APPLICANT						
Name: Danelle Bjornson		Company Name:	Diocese of La			
Address: 3710 East Avenue, So		Crosse	State: <u>W</u> l		Zip: <u>54601</u>	
Phone #: (608) 788-7700	_ Cell #:			Fax #:	(608) 788-	8413
Email: dbjornson@diolc.org		-				
PROPERTY OWNER *If different	trom applicant	Company Name	Diocese of La	Crosso		
Name: <u>Cathedral of St. Joseph</u> Address: <u>530 Main St.</u>		Company Name:			7in: E4604	
Phone #: (608) 782-0322	City. <u>La t</u> Cell #:	()	State: W	Fax #:	Zip: <u>54601</u>	
Email: (600) 762-6622	. Och #.			гах #.		
		_				
ENCROACHMENT TYPE (Check □ AWNING/ON-PREMISE SIGN/O □ FIRE ESCAPE/ RESCUE PLAT □ VENDING MACHINE/NEWSBO □ UNDERGROUND WIRES AND □ AUTOMATIC IRRIGATION SYS ☑ OTHER: light pole banners	OVERHEAD HEATER/CA FORM/BALCONY DX INFRASTRUCTURES STEM/SIDEWALK ENCRE	OACHMENT	☐ AESTI		JRTENANCE MONITORING USEBOAT	WELL
DESCRIPTION OF ENCROACHM				Desired Sta	art Date:	
Diocese of La Crosse's 150th c				Sept. 1, 2	2018	
				Est. Compl	letion Date:	15 2010
						15,2018
	elson Flag and Display	PERSO	ON IN CHARGE		Molstad	
Phone #: <u>(608)</u> 788-2990	Cell #:	(Fax #:	()	
For timely review, City Ordinance r	equires that application	ns be submitted at le	east 45 days prio	r to the nee	ed for any enc	roachment.
Notwithstanding approval of the ap	oplication, a permit is n	ot valid until it is si	gned, recorded a	and complia	ance with all o	ther permit
conditions is verified. All necessar	y permits from other C	ity Departments mu	st also be obtain	ed before the	he encroachm	nent can be
installed/erected.						
I authorize the applicant listed above to	apply for a Street Privile	ge Permit STATE	OF WISCONSIN)		
through the City of La Crosse.	()121	A) A COUNTY	Y OF LA CROSSE)SS.		
Property Owner Signature:	shing to such !	Personal	lly came before me t	this 30 day o	JUU . 20	18 the
- 000	44	anove na	amed // /	1 4 1 1		
A signed letter from the property owner or management company may be used in lieu of this signature ** Derson(s) who executed the foregoing instrument and acknowledged the						
used in lieu of this signature **			// //)//		owledged the
Signature of Property Owner must be	notarized **		vell France	Mes	ean	
Tax Parcel ID #: 17-20174-10			ublic, a Closs Co	ounty, W.T. 0 - 3 - 20	121	Property
I certify that I have reviewed the N	Junicipal Code and uni	derstand all that is	related to this pe	ermit reque:	st. I further c	ertify that I
have the full authority to make the	he foregoing applicatio	n; the information	in the application	on and the	required subi	mittals are
complete and correct; the Work or	Use performed shall of	comply with all the	laws of the State	e of Wiscon	nsin, and all o	ordinances,
rules, regulations, policies, and sp	ecial conditions of the	City of La Crosse.	The applicant	agrees to p	perform the w	ork 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	I follow all procedures	as defined in the C	City Municipal Co	ode. Appro	val of this app	plication is
subject to the conditions that appear in the actual permit to be signed after approval is obtained.						
Signature of Applicant: Date:						
1 Vanille of	Binnsen					
Please return this completed applic		ad information and f	incompated on the	a aldiat tax O	:t	
Engineering Department, 400 La C	rosso Stroot 4th Floor		ees noted on ch	ecklist to: C	ity of La Cros	se,
Department at (608)789-7505. You	will then be given noti	co of whom your roo	or. will be east	ns please c	ontact the Eng	gineering
	Required items to be pr			ne Board of	Public Works	agenda.
Approved By:	Scale drawing of encroad		Gray Shaded	Areas to be C	Completed by Cit	ty Staff
	Legal Description Certificate of Insurance	Ц	☐ Spe	cial Condition	ns of Approval	Attached
	Initial Application Fee	\$	NON-REFUN	DABLE ANI	NUAL PERMIT	FEE
	Annual Permit Fee	\$			surer (See fee so	
	All items due p	rior to approval	Check#		Date Received:	

TEMPORARY STREET PRIVILEGE PERMIT

Giatipi I	http://www.cityoflacrosse.org	engineering@cityoflacrosse.org	Date:
SCONS	STATUS:	Permit Type:	Parcel ID:
I G	Name: Diocuse of La Crosse (Cottee Address: 530 Hain St City: La Crosse State: WI Phone: 791-2682 Cell: Vehicle License Number (If Applicable):	Zip Code	e Workman : 54601 bjornson@diolc.org
	Location: Lamp posts downtown Area to be occupied: Traffic Lane(s) Parking La Purpose for permit: Diocese of Lacrose Additional Conditions: Liability Insurance Listing City of I Banners in front of Cathedral. Start Date: Sept. 1, 2018	ane(s) Boulevard Sidewalk se's 150th celebrational La Crosse As Additional Insured	2 blocks either way &
Ī	nvoice #: Fee: \$		
P	(\$35.00 first 5 days, \$2.0 Permit issued by:	00 each additional day)	
C	Comments:		
submitted shall constituted estimate comply Note: Constitute Const	dersigned understands and agrees to the following: 1) The ons listed on and attached to this form; 2) That insuranting information with application or by keeping current in ontact City Dispatch and the City Traffic Engineer 24 hours of the duration of the closure. Temporary traffic control with Part 6 of the Manual on Uniform Traffic Control Decomic Invoiced, application fees may not be refunded. Date of the Engineering Department.	nce requirements shall be met prior information on file with the Engineering prior to the closure of any traffic lard shall be provided and maintained by evices (MUTCD).	to approval either by g Dept.; 3) The applicant nes and shall provide an the applicant and shall
(PRINT)	AUTHORIZED REPRESENTATIVE TITLE		DATE
(SIGN) A	AUTHORIZED REPRESENTATIVE TITLE		DATE

