On State High	iway?
□ Yes	□ No

Permit Number:

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

			(8 .5. 6)		
APPLICANT Name: Roy Brock		Commons No	Five Star	Telecom Inc	
Name: Roy Brock Address: 5136 Mormon Coulee	Rd City: La	Company Na aCrosse	State:	WI	Zip: 54601
Phone #: (608) 769-9088	Cell #:	(608) 769-7		Fax #:	(608) 519-3599
Email: RBrock@5startel.com		1000 / 100 /	2	. 37. 11.	1200 / 0.0 0000
PROPERTY OWNER *If different	from applicant				
Name: KwikTrip Inc	пош аррисант	Company Na	me: KwikTrip	Inc	
Address: 1626 Oak Street	City: La		State:	WI	Zip: 54601
Phone #: (608) 781-8988	Cell #:	(608) 780-9	466	Fax #:	(608) 781-8950
Email: CSerauskas@kwiktrip.c	om				
ENCROACHMENT TYPE (Check	one):				
☐ AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY ☐ OUTDOOR DINING AREA					
☐ FIRE ESCAPE/ RESCUE PLATFORM/BALCONY ☐ AESTHETIC APPURTENANCE					
□ VENDING MACHINE/NEWSBOX □ GROUNDWATER MONITORING WELL □ UNDERGROUND WIRES AND INFRASTRUCTURES □ BOATHOUSE/HOUSEBOAT					
☐ UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SYS		ROACHMENT		OFF-PREMISE S	
	ate communication			or Tremice C	
DESCRIPTION OF ENCROACH				Desired S	itart Date
Along Palace Street	DL	. LIN CINIED.		10/22/18	3
AIUTIS F AIAGE STEEL				Est. Com	oletion Date:
	eiger Construction		ERSON IN CHA		Schieffer
Phone #: <u>(608)</u> 788-4233	_ Cell #:	(608) 780-0	253	Fax #:	(608) 788-4303
For timely review, City Ordinance	requires that applicati	ons be submitted	d at least 45 day	s prior to the ne	eed for any encroachment.
Notwithstanding approval of the a					
conditions is verified. All necessar					
installed/erected.	27	Control • Annual • • • • • • • • • • • • • • • • • • •			State of the state
I authorize the applicant listed above t	o apply for a Street Priv	rilege Permit Si	ATE OF WISCONS	IN)	
through the City of La Crosse.		0)SS	
Character Character	. 8	8 00	OUNTY OF LA CRO	SSE)	of October as 18 the
Property Owner Signature: Personally came before me this 19 day of October, 2018, the above named					
A signed letter from the property owner or management company may be Chuck Serauskas to me known to be the					
used in lieu of this signature ** person(s) who executed the foregoing instrument and acknow			strument and acknowledged the		
Signature of Property Owner must be notarized **					
To: Devel ID #. 47, 40070 50		No	tary Public, Zolo31	County, La	russe
Tax Parcel ID #: 17-40373-50			commission expire		
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:	11-	,
how he	cel		/	0/19/19	
Please return this completed and	ootion along with as	irod information	and food nated	on obcoblist to	City of La Crosss
Please return this completed application along with required information and fees noted on checklist to: City of La Crosse,					
Engineering Department, 400 La Crosse Street, 4th Floor, La Crosse WI 54601. With questions please contact the Engineering Department at (608)789-7505. You will then be given notice of when your request will be on the Board of Public Works agenda.					
Department at (000)789-7505. YO				on the Board (or Public vvorks agenda.
Approved By:	Required items to be Scale drawing of encro		Gray Sh	aded Areas to be	Completed by City Staff
, pp. 5100.5).	Legal Description	Comment	分 —		
	Certificate of Insurance	-00		Special Conditi	ons of Approval Attached
Approval Date:	Initial Application Fee	\$ 50_			NNUAL PERMIT FEE
	Annual Permit Fee	\$ 500	\$ 100	Payable to City Tre	easurer (See fee schedule)
	All items due	prior to approv			Date Received:

