On State Yes	Highway?
☐ Yes	□ No

Permit Number:

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

APPLICANT			117 11 0	Ÿ			
Name: Luke Niles Address: 4001 N Rodney Parha	Dd - Cib.: Littl	Company Name:	Windstream C				
Address: 4001 N Rodney Parh Phone #: (501) 748-5893	am Rd City: <u>Little</u> Cell #:	(682) 554-6784	State: <u>AF</u>	Fax #:	Zip: <u>72212</u> (330) 486-4323		
Email: luke.t.niles@windstream	-	(002) 334-0704		I ax #.	(330) 400-4323		
PROPERTY OWNER *If different							
Name:	HOITI applicant	Company Name:					
Address:	City:		State:		Zip:		
Phone #: ( )	Cell #:	( )		Fax #:	( )		
Email:		•					
ENCROACHMENT TYPE (Check  AWNING/ON-PREMISE SIGN/ FIRE ESCAPE/ RESCUE PLAT VENDING MACHINE/NEWSBO UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SYS OTHER: Aerial Crossings	OVERHEAD HEATER/CA FORM/BALCONY DX INFRASTRUCTURES STEM/SIDEWALK ENCRO		AEST GROUD BOAT		URTENANCE MONITORING WELL USEBOAT		
DESCRIPTION OF ENCROACHIN	IENT/WORK TO BE PE	RFORMED:		Desired St	art Date:		
Install approximately 4,500' of	fiber facilities	ies					
Name and the second	Centrykl Condi			Est. Comp 5/1//19	letion Date:		
CONTRACTOR/SIGN CO.: Michels Corp PERSON IN CHARGE: Mike Horetzki							
Phone #: (920) 579-7057	Cell #:	FERS	JN IN CHARGE	Fax #:	( )		
					ad for any anaroachment		
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 necessar							
installed/erected.	y permits from other of	ty Departments ma	st also be obtain	ica belole	the energaciment can be		
I authorize the applicant listed above t	o apply for a Street Privile	ge Permit STATE (	OF WISCONSIN	)			
through the City of La Crosse.			)SS.				
			COUNTY OF LA CROSSE ) Personally came before me this day of , 20 , the				
Property Owner Signature:			Personally came before me this day of, 20, the above named				
A signed letter from the property owner or management company may be to me known to be the							
used in lieu of this signature **		person(s same.	person(s) who executed the foregoing instrument and acknowledged the				
Signature of Property Owner <b>must</b> be	notarized **						
Tax Parcel ID #:			Notary Public, County, My commission expires:				
Landification to be a service and the service of th	Municipal Cada and wa			a una it ua avve			
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:							
Luke Niles			1/14/19				
Please return this completed applic	그 아이들에 보는 사람들이 되었다면 하고 그렇게 되는 것이 없는 것이 없다면 하다는 것이다.				The state of the s		
Engineering Department, 400 La C							
Department at (608)789-7505. You				he Board c	f Public Works agenda.		
Required items to be provided to Scale drawing of encroachment		hment	Gray Snaded Areas to be Completed by City Stam				
	Legal Description Certificate of Insurance		☐ Spe	ecial Condition	ons of Approval Attached		
	nitial Application Fee \$		NON-REFUNDABLE ANNUAL PERMIT FEE				
	Annual Permit Fee	\$			asurer (See fee schedule)		
	All items due p		Check #		Date Received:		