

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org http://cityoflacrosse.org

Encroachment Owner: JAWC, LLC	
Address: <u>301 Sky Harbour Dr</u> City: <u>La Crosse</u> S	zate: <u>WI</u> Zip: <u>54603</u>
Phone # 608-783-7500 Email Address	
Application Preparer (if different from above) La Crosse Sign	Group (Chad Herbers)
Relationship with Owner: sign contractor	
	chad.herbers@lacrossesign.com
Description of Proposed Encroachment:	
Projecting sign to overhang sidewalk on east side of building.	
Encroachment Adress(es):	
401 2nd St N	
Benefiting Tax Parcel ID #(s):	
17-20008-110	
I certify that I have reviewed the Municipal Code and understand all that is relate	d to this permit request. I further certify that I
have the full authority to make the foregoing application; the information in the application in the applica	oplication 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 covered by an approved permit with diligence and convenience to the public.	
an approved permit with diligence and convenience to the public.	
Signature of Owner or designee: Lustine A Clear	Date: <u>4/23//9</u>
Print Name and Title: Krishing H. Cleary, Members	
Please return this completed application along with required information and fee	e noted on checklist helow to: City of La Crosse
Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be	
on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent	
to Owner for signatures. Permit will then be valid once recorded with the County obtain all other necessary permits as required by City Departments. Average co	s Register of Deeds department. Applicant shall
BELOW THIS LINE TO BE COMPLETED BY	CITY STAFF ONLY
Developed House to be associated by Applicants	Board of Public Works
Required items to be provided by Applicant:	
	Approval Date:
Scale Drawing of encroachment on letter size paper(s)	
Legal Description of benefiting parcel(s)	Encroachment Type:
Businessanial	Encroachment Type:
Certificate of Insurance (City as additional Insured)	A. D. 11 (1.01)
~ a a a	On-fremisis SIGN
Initial Application Fee \$	Permit Number:
	Fermit Mumber:
Annual Permit Fee \$ 50.00	
All Fees are Non-Refundable & Subject to change by City Council	