

## **REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION**

## City of La Crosse Engineering Department

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

	Encroachment Owr	Perry McClella	an - Charter Commu	nications /	1026414		
	Address: 4125 N 12		City: Brookfield	State:	WI	Zip: 53005	•
	Phone # (608) 317-		Email Addr				
	Application Preparer (if different from above) Matt Hilscher - MI-Tech Services						
Relationship with Owner: Contractor for design and permitting							
	Phone # <sup>(920)</sup> 924-	3690 ex 3529	Email Addr	ess mhilsc	he@mi-tech.u	IS	
	Description of Proposed	Encroachment:	Install new 2" cond	uit for fiber			
	Bootingtion of Froposed	znorodomnent.					
_	Encroachment Adress(es	5): 5250 Justin Rd					
	Benefiting Tax Parcel ID	#/a):					
	Belleliting Tax Parcel ID	#( <b>S).</b> 17-50365-100	)				
	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 covered by an approved permit with diligence and convenience to the public.						
	Signature of Owner or designee:						
	Please return this completed application along with required information and fees noted on checklist below 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's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. Average completion time for validation 45 days.						
	BELOV	W THIS LINE TO E	BE COMPLETED	BY CITY	STAFF ON	LY	
	Required items to be pro	vided by Applicar	nt:			of Public Wo	rks
	Scale Drawing of encroachme	nt on letter size pap	er(s)		Al	oproval Date:	
	Legal Description of benefiting	ı parcel(s)	NA		Encre	pachment Typ	e:
	Certificate of Insurance (City a	s additional Insured			FIB	ER OPTI	
	Initial Application Fee \$	0				rmit Number:	
	Annual Permit Fee \$		X		2	.141	. !
	All Fees are Non-Refundable	& Subject to change	by City Council				