

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

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

Property Owner: 1st + Main LLC	
Address: 1243 Backerst City: LaCrosseState: WIE Zip: 54603-0609	
Address: 1243 Bacgerst City: LaCrosseState: WI Zip: 54602-0609 Phone # 608-782-7328 Box 609 Email Address Jourse & Threesex Ly. bz	
Application Preparer (if different from above)	
Relationship with Owner:	
Phone # Email Address	
Description of Proposed Encroachment:	
awning and signage	
Encroachment Address(es):	·
320 Main Street La Cros Benefiting Tax Parcel ID #(s):	se WF 54601
Benefiting Tax Parcel ID #(s): 17 - 20018-040	
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: Date: Date: Date: Print Name and Title: 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.	
BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY	
Required items to be provided by Applicant:	Board of Public Works
	Approval Date:
Scale Drawing of encroachment on letter size paper(s)	
Legal Description of benefiting parcel(s)	Encroachment Type:
Certificate of Insurance (City as additional Insured)	SIGN + AWNING
Initial Application / Annual Fee \$	Permit Number:
City Utility Potential Conflict Notification and Sign-Off All Fees are Non-Refundable & Subject to change by City Council	u u