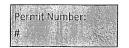
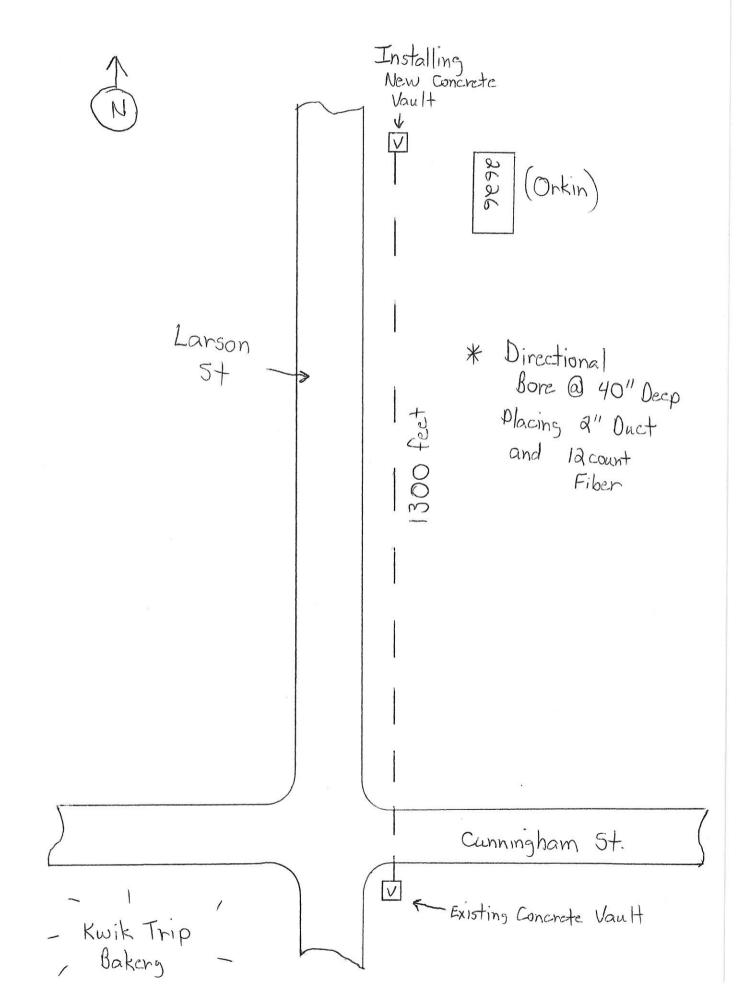


## REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION



City of La Crosse Public Works Department - Phone: (608)789-7599 http://www.cityoflacrosse.org

APPLICANT		01 1	
Name: Penny McClellan	Company Name:	Charter	
Address: 1228 124h Ave So.	City: Onalaska	State: UI	Zip: <u>54650</u>
Phone #: ( Cell Phone #: (	715) 370 - 7140 Fax#:( )	Email:	
PROPERTY OWNER *If different from applicant		perry mechellan @c	harter-com
Name:	Company Name:		
Address:	City:	State:	Zip:
Phone #: ( ) Cell Phone #: (		Email:	
ENCROACHMENT TYPE (Check one):		at 12 14 The Contract of the C	) (1980)
☐ AWNING/ON-PREMISE SIGN/OVERHEAD I	HEATER/CANOPY	OUTDOOR DINING AR	27 NG 57 1-
☐ FIRE ESCAPE/RESCUE PLATFORM/BALCON	IY D	AESTHETIC APPURTEN	
☐ VENDING MACHINE/NEWSBOX		GROUNDWATER MON	36.
UNDERGROUND WIRES AND INFRASTRUC	- 195 H YEAR	BOATHOUSE/HOUSEB	OAT
AUTOMATIC IRRIGATION SYSTEM/SIDEW	ALK ENCROACHMENT	OFF-PREMISE SIGN	
□ OTHER:			
DESCRIPTION OF ENCROACHMENT/WORK TO BE I	The state of the s	Desired Start Da	Section 1
0. Bore 1300 feet from Cunning		3-20-15	
2626 Larson St. Planing all	Uncl and liber &	9 40" Est. Completion 4-20 - 15	Date:
<u>arep</u>	A CONTROL OF THE CONT		<b>工</b> 心學。
CONTRACTOR/SIGN CO .: Evolution	PHONE: (	)FAX	100 14 100
PERSON IN CHARGE OF WORK: Don Rober	5 CELL PHONE	: <u>(920) 310 - 340</u> 7	2 A T
For timely review, City Ordinance requires that application, a permit is not valid All necessary permits from other City Departments must	id until it is signed, recorded and co	mpliance with all other permi	t conditions is verified.
in the state of th	STATE OF WISCO	onsin )	
I authorize the applicant listed above to apply for a		)ss.	1 4
Permit through the City of La Crosse	COUNTY OF LAC	Fig. 1. apr. 1. Apr. 1. T.S.	
Property Owner Signature:	200	came before me this	above named
A signed letter from the property owner or manage may be used in lieu of this signature **	ment company me known to	be the person(s) who exe	to cuted the foregoing
Signature of Property Owner must be notarized **	instrument a	nd acknowledged the same	
	Notary Public,	La Crosse County, WI	*
Tax Parcel ID #:	My commissi	on expires:	<u> </u>
I certify that I have reviewed the Municipal Code and unc thority to make the foregoing application; the information Use performed shall comply with all the laws of the Stat the City of La Crosse. The applicant agrees to perform the lic. After approval, applicant shall be responsible for oblic Code. Approval of this application is subject to the Condit	derstand all that is related to this pe on in the application and the require ee of Wisconsin, and all ordinances, e work or use covered by an approve taining any final documents and fo	ed submittals are complete an rules, regulations, policies, an ed permit with diligence and co Illow all procedures as defined	d correct; the Work or description of the conditions of the public of the public of the City Municipal
Signature of Applicant:  Pury Mc Clulon	Date: 3/3/	15	ā.
Please return this completed application along with requi Public Works Department, 400 La Crosse Street, 5th Floor You will then be given notice of when your request will be	, La Crosse, WI 54601, With question	ns, please contact Public Work	
Approved By: Required item	s to be provided by Applicant:   G	ray Shaded Areas to be Con	pleted by City Staff
	of encroachment	Special Conditions of Ap	oroval Attached
Legal Descript Certificate of I		ON—REFUNDABLE ANNUAL P	
Approval Date: Initial Applicat		Payable to City Treasure	
Annual Permit	Fee 7	neck #: Date Rece	
Alliton	ns due prior to approval	Jacon Necco	





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
701 Market Street, Suite 1100
St. Louis, MO 63101-1830
Attn: stlouis.certrequest@marsh.com (fax) 212-948-0811

INSURER(S) AFFORDING COVERAGE
NAIC #

Old Broublis Jenurose Company

OLD CONTRACT
NAME:
PHONE
(AC. No. Ext):
E-MAIL
ADDRESS:
NAIC #

Old Broublis Jenurose Company

certificate holder in lieu of such endorsement(s).	1.00117.5			
PRODUCER Marsh USA Inc.	CONTACT NAME:			
701 Market Street, Suite 1100	PHONE FAX (A/C, No, Ext): (A/C, No):			
St. Louis, MO 63101-1830	E-MAIL ADDRESS:			
Attn: stlouis.certrequest@marsh.com (fax) 212-948-0811		INSURER(S) AFFO	ORDING COVERAGE	NAIC#
405245-ALL-GAWU-14-15	INSURER A: Old Republic Insurance Company			24147
INSURED Charter Communications, Inc.	INSURER B: North American Elite Insurance Company			29700
12405 Powerscourt Drive	INSURER C:			
St. Louis, MO 63131	INSURER D:			
	INSURER E:			
v <sup>*</sup>	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	CHI-003954064	-49	REVISION NUMBER:8	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA' INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	I OF ANY CONTRA DED BY THE POLI E BEEN REDUCED	ACT OR OTHER ICIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S.	WHICH THIS
INSR LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	POLICY E (MM/DD/YY	FF POLICY EXP (MM/DD/YYYY)	LIMITS	
A GENERAL LIABILITY MWZY 303015  X COMMERCIAL GENERAL LIABILITY	11/01/2014	11/01/2015	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	2,000,000 500,000
CLAIMS-MADE X OCCUR			MED EXP (Any one person) \$	10,000
			PERSONAL & ADV INJURY \$	2,000,000
			GENERAL AGGREGATE \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG \$	2,000,000
X POLICY PRO- LOC			\$	
A AUTOMOBILE LIABILITY MWTB 302641	11/01/2014	11/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$	2,000,000
X ANY AUTO			BODILY INJURY (Per person) \$	
ALL OWNED SCHEDULED AUTOS VIOLENT NON-OWNED			BODILY INJURY (Per accident) \$	
X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident) \$	
	W		\$	
B X UMBRELLA LIAB X OCCUR UMB 0007893-03	11/01/2014	11/01/2015	EACH OCCURRENCE \$	5,000,000
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$	5,000,000
DED RETENTION\$		22	\$	
A WORKERS COMPENSATION MWC 303014 00	11/01/2014	11/01/2015	X WC STATU- OTH- TORY LIMITS ER	
AND PROPRIETOR/PARTNER/EXECUTIVE N N/A		7	E.L. EACH ACCIDENT \$	2,000,000
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$	2,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$	2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks S	Schedule if more span	ne is required)		
See reverse and/or attached for additional information)	, 3put			1
				1
				1
				1
CERTIFICATE HOLDER	CANCELLATIO	)N		
JEIGH IOATE HOLDER	JANUALLA NO	-		
City of LaCrosse Attn: City Hall - Legal Dept. 400 LaCrosse Street LaCrosse, WI 54602-3396	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.			
. [1	Manashi Mukherje	е	Marraoni Mukrey	ree

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