

On State Highway?
 Yes No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Legal Department - Phone: (608)789-7511
 http://www.cityoflacrosse.org

Permit Number:
#

APPLICANT

Name: James Speropulos Company Name: County of La Crosse
 Address: 400 N th Street City: La Crosse State: WI Zip: 54601
 Phone #: (608) 785-9770 Cell #: (608) 792-7956 Fax #: (608) 785-5714
 Email: jsperopulos@lacrossecounty.org

PROPERTY OWNER *If different from applicant

Name: Same Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: () Cell #: () Fax #: ()
 Email: _____

ENCROACHMENT TYPE (Check one):

- | | |
|--|--|
| <input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY | <input type="checkbox"/> OUTDOOR DINING AREA |
| <input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY | <input type="checkbox"/> AESTHETIC APPURTENANCE |
| <input type="checkbox"/> VENDING MACHINE/NEWSBOX | <input type="checkbox"/> GROUNDWATER MONITORING WELL |
| <input checked="" type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES | <input type="checkbox"/> BOATHOUSE/HOUSEBOAT |
| <input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT | <input type="checkbox"/> OFF-PREMISE SIGN |
| <input type="checkbox"/> OTHER: _____ | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:

Fibre optic cable running between 300 N 4th St. to 212 N. 6th St.

Desired Start Date:

9-7-16

Est. Completion Date:

9-10-16

CONTRACTOR/SIGN CO.: Stieger Construction

PERSON IN CHARGE: _____

Phone #: ()

Cell #: ()

Fax #: ()

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 necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN)

) SS.

COUNTY OF LA CROSSE)

Personally came before me this 22 day of September, 2016, the above named

Property Owner Signature: _____

Tara Johnson to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

A signed letter from the property owner or management company may be used in lieu of this signature **

Signature of Property Owner must be notarized **

Notary Public, La Crosse County, WI

My commission expires: is permanent

Tax Parcel ID #: _____

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: 9/16/16

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____

Approval Date: _____

Required items to be provided by Applicant

- | | |
|----------------------------------|--------------------------|
| Scale drawing of encroachment | <input type="checkbox"/> |
| Legal Description | <input type="checkbox"/> |
| Certificate of Insurance | <input type="checkbox"/> |
| Initial Application Fee \$ _____ | <input type="checkbox"/> |
| Annual Permit Fee \$ _____ | <input type="checkbox"/> |

All items due prior to approval

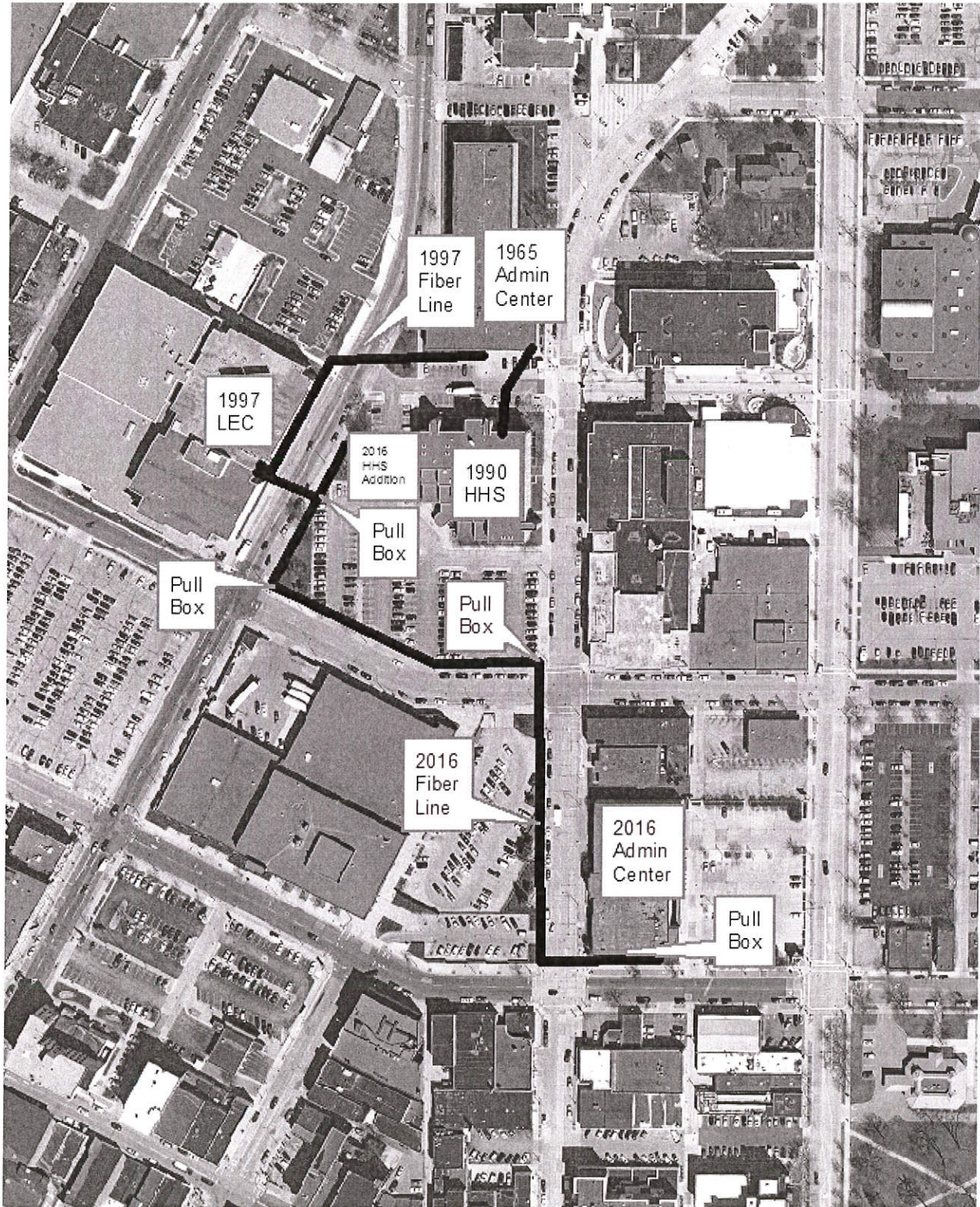
Gray Shaded Areas to be Completed by City Staff

- Special Conditions of Approval Attached

NON-REFUNDABLE ANNUAL PERMIT FEE

\$ _____ Payable to City Treasurer (See fee schedule)

Check # _____ Date Received: _____



1997
Fiber
Line

1965
Admin
Center

1997
LEC

2016
HHS
Addition

1990
HHS

Pull
Box

Pull
Box

Pull
Box

2016
Fiber
Line

2016
Admin
Center

Pull
Box



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2016

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 WISCONSIN MUNICIPAL MUTUAL INSURANCE COMPANY 4785 HAYES ROAD MADISON, WI 53704-7364	CONTACT NAME: Dean Boes PHONE (A/C, No, Ext): 608-245-6890 E-MAIL ADDRESS: dboes@wmmic.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: WMMIC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED La Crosse County 400 N. Fourth Street La Crosse, WI 54601	NAIC #

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WI2016LP08A	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WI2016LP08A	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The La Crosse constructing a fiber optic cable connection between our County owned buildings at 212 North 6th Street, 300 North 4th Street, and 333 Vine Street. This connection will cross some City of La Crosse right-of-ways.
City of La Crosse as additional insured.

CERTIFICATE HOLDER	CANCELLATION
City of La Crosse 400 La Crosse Street La Crosse WI 54601	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 Dean Boes

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AMENDATORY ENDORSEMENT
ADDITIONAL INSURED

This endorsement modifies the insurance provided under the following:

GENERAL AND AUTO LIABILITY COVERAGE PARTS
PUBLIC OFFICIALS ERRORS & OMISSIONS COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of La Crosse

Sections WHO IS AN INSURED are amended to include as an insured the person or organization shown in the Schedule with respect to services provided by La Crosse County, Wisconsin.

If no entry appears below, the information required to complete this endorsement is shown in the DECLARATIONS.

This endorsement number: 4
is effective: 10/10/2014
at 12:01 A.M. Standard Time
and forms a part of Policy No.
issued to:
by the Wisconsin Municipal Mutual
Insurance Company

authorized representative

GLEO32-E4