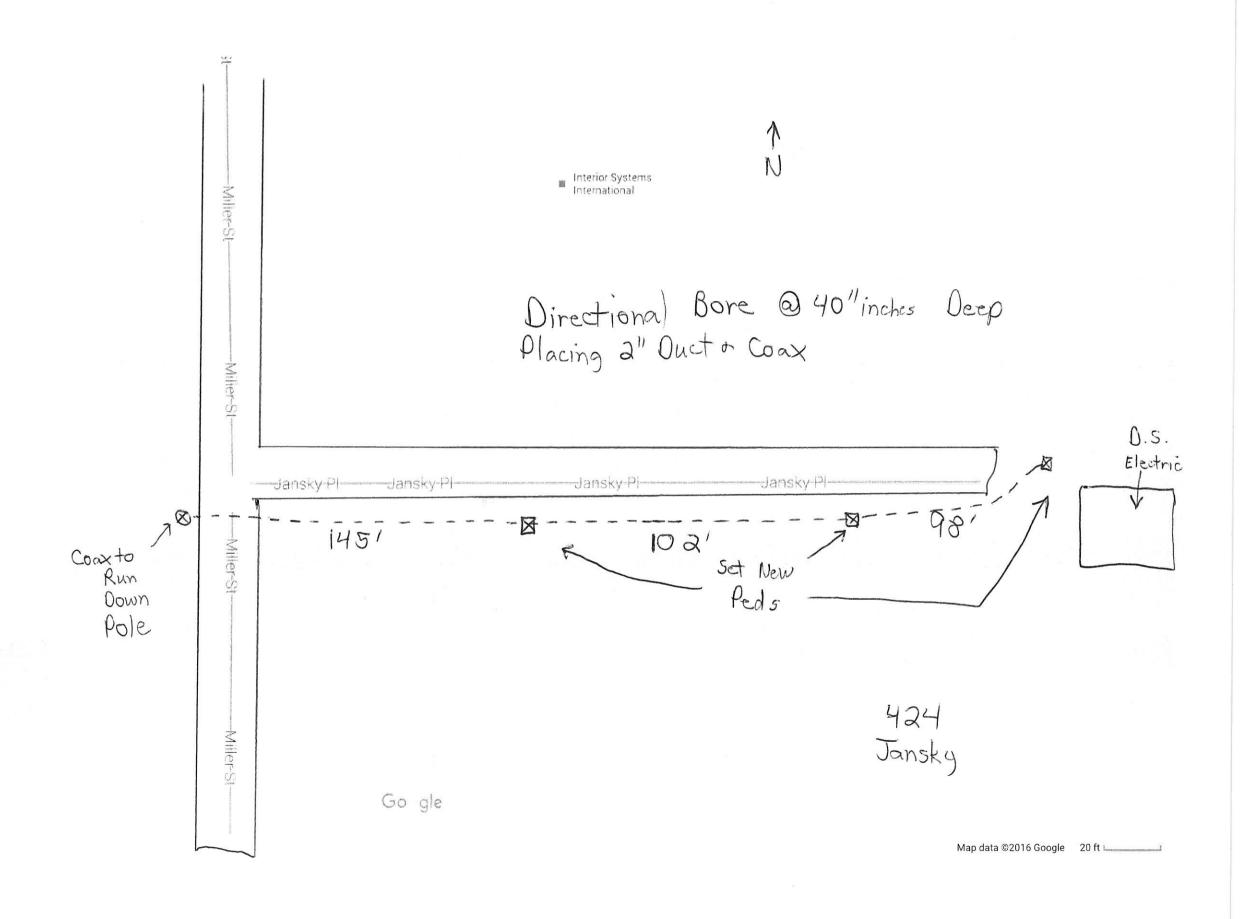
On State	Highway?
On State Yes	M No
- res	NO INO

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION City of La Crosse Legal Department - Phone: (608)789-7511 http://www.cityoflacrosse.org

Permit Number:

APPLICANT ()	1-11		C1 - +			
Name: Penry MCL Address: 1228 12+1 Avo	S City: On	Company Name: _	State:	WI	Zip:	54650
Phone #: ()		508) 317-621	3	Fax #:	- ZIP.	1
Email: Derry-mcclellar	a charter con					1
PROPERTY OWNER *If differen						
Name:		ompany Name: _		***************************************		
Address:	City:		State:	F #.	_Zip:	<u> </u>
Phone #: () Email:	Cell #: <u>(</u>	The state of the s	The state of the s	Fax #:)
ENCROACHMENT TYPE (Chec AWNING/ON-PREMISE SIGN FIRE ESCAPE/ RESCUE PLA VENDING MACHINE/NEWSB UNDERGROUND WIRES AN AUTOMATIC IRRIGATION SY OTHER: DESCRIPTION OF ENCROACH Directoral Bore (Contractor/SIGN CO.: Phone #: () For timely review, City Ordinance Notwithstanding approval of the a	MOVERHEAD HEATER/CANCATFORM/BALCONY OX D INFRASTRUCTURES 'STEM/SIDEWALK ENCROAGE MENT/WORK TO BE PER 9 40" Occp pace Evolution Cell #: (9) requires that applications by	PERSON PO 810-3400 pe submitted at lease	AEST GRO BOAT OFF-	Desired St ASA Est. Comp S-S- Fax #: or to the nee	URTENAL MONITUSEBO GN art Date letion D Rober () ed for a	ANCE FORING WELL PAT e: Date: uny encroachment.
conditions is verified. All necessal installed/erected.						
I authorize the applicant listed above	to apply for a Street Privilege	Permit STATE OF	WISCONSIN)		
through the City of La Crosse. Property Owner Signature: A signed letter from the property own used in lieu of this signature ** Signature of Property Owner must be	The state of the s	Personally of above name		one (American)	_ to me l	, 20, the known to be the nd acknowledged the
Tax Parcel ID #:		Notary Publ My commiss	lic, C	ounty,		
I certify that I have reviewed the have the full authority to make to complete and correct; the Work of the complete and correct; the Work of the covered by an approved permit wobtaining any final documents and subject to the conditions that apperais and the conditions that appears are conditions are condin	the foregoing application; to or Use performed shall com- pecial conditions of the Cit with diligence and convenier of follow all procedures as ar in the actual permit to be	the information in nply with all the lav ty of La Crosse. 7 nce to the public. defined in the City	the application we of the State The applicant After approva Municipal Co	on and the te of Wiscor agrees to p al, applicant ode. Appro	require nsin, an perform shall b	ed submittals are nd all ordinances, the work or use ne responsible for
Please return this completed/appli	cation along with required in	nformation and fee	s noted on ch	ecklist to: C	ity of La	a Crosse, Legal
Department, 400 La Crosse Street 608)789-7511. You will then be g	, 6th Floor, La Crosse WI 5	4601. With question	ons please co	ntact the Le	egal De _l	partment at
Approved By:	Required items to be provide Scale drawing of encroachments	ded by Applicant	or course by an experience of the	Coff Assistance (1997)	NOTE OF A SHARE	d by City Staff
	Legal Description Certificate of Insurance		☐ Spe	cial Condition	ns of Ap	proval Attached
Approval Date:	Initial Application Fee \$_		NON-REFUN	DABLE ANN	NUAL P	ERMIT FEE
	Annual Permit Fee \$_ All items due prior	to approval	\$Payab Check #		surer (Se Date Rec	e fee schedule) ceived:

Google Maps La Crosse





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2016

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).

	ertificate holder in lieu of such endo				endorse	ement. A st	atement on ti	ns certificate does not	comer	rights to the	
PRODUCER March LICA Inc.					CONTACT NAME:						
Marsh USA Inc. 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) AFFORDING COVERAGE NAIC #								
					INSURER A : Old Republic Insurance Company					24147	
INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131				INSURER B: ACE Property and Casualty Insurance Company					20699		
				INSURER C:							
				INSURER D:							
					INSURER E :						
						INSURER F:					
				E NUMBER:	CHI-006004894-57 REVISION NUMBER:8						
IN EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER I POL	REME TAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY			MWZY 305715		11/01/2015	11/01/2016	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			MWTB 305710		11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS X WIDER WIFE X NON-OWNED							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
_							0		\$		
В	X UMBRELLA LIAB X OCCUR			XOOG28119616001		05/18/2016	05/18/2017	EACH OCCURRENCE	\$	5,000,000	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000	
_	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			MWC 305714 00		11/01/2015	11/01/2016	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					1	E.L. EACH ACCIDENT	\$	2,000,000	
- 1)	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
							-				
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101 Additional Remarks Sahadu							
	everse and/or attached for additional information)	-E3 (A	CORD	101, Additional Remarks Schedu	ie, may be	attached if mor	e space is require	d)			
ER	TIFICATE HOLDER				CANC	ELLATION					
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 Mukherjee Manashi Mukherjee						