

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: <u>Audra House</u>	Company Name: <u>La Crosse Sign Co</u>			
Address: <u>1450 Oak Forest Dr</u>	City: <u>Onalaska</u>	State: <u>WI</u>	Zip: <u>54650</u>	
Phone #: <u>(608) 781 1450</u>	Cell #: <u>()</u>	Fax #: <u>()</u>		
Email: <u>audra.house@lacrossesign.com</u>				
PROPERTY OWNER *If different from applicant				
Name: <u>Jean Wiggert</u>	Company Name: <u>K.L.C. Properties, LLC</u>			
Address: <u>P.O. Box 1534</u>	City: <u>La Crosse</u>	State: <u>WI</u>	Zip: <u>54602</u>	
Phone #: <u>(608) 317 9472</u>	Cell #: <u>()</u>	Fax #: <u>()</u>		
Email: <u>wiggerts@yahoo.com</u>				

ENCROACHMENT TYPE (Check one):

<input checked="" 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 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: <u>non-illuminated aluminum projecting sign to hang over the city sidewalk above entrance door.</u>	Desired Start Date: <u>09/23/16</u> Est. Completion Date: <u>10/26/16</u>
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CONTRACTOR/SIGN CO.: <u>La Crosse Sign Co.</u>	PERSON IN CHARGE: <u>Audra house</u>
Phone #: <u>(608) 781 1450</u>	Cell #: <u>()</u> Fax #: <u>()</u>

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.

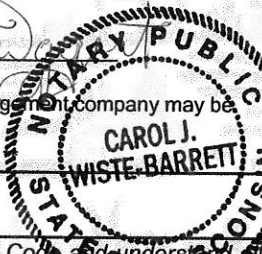
I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN)
) SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 20 day of Sept, 2016, the above named Jean Wiggert to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: Jean Wiggert
 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,
 My commission expires: 11-24-19

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: _____

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 checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/> All items due prior to approval	Gray Shaded Areas to be Completed by City Staff <input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/27/2016

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 have ADDITIONAL INSURED provisions or 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 Robin Rubisch 215 South Leonard Street West Salem, WI 54669	CONTACT NAME: Robin Rubisch, Agent PHONE (A/C, No, Ext): 608-786-1550 E-MAIL ADDRESS: rrubisch@ruralins.com	FAX (A/C, No): 608-268-8600
	INSURER(S) AFFORDING COVERAGE	
INSURED KLC Properties LLC PO Box 1534 La Crosse, WI 54602	INSURER A: Rural Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CPP0103894	12/23/2015	12/23/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPI/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of La Crosse is listed as an additional insured under endorsement CG20 12 04 13 as is listed on policy CPP0103894.

CERTIFICATE HOLDER**CANCELLATION**

City of La Crosse
 La Crosse, WI

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

Robin Rubisch, agent

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CERTIFIED SURVEY MAP

LOTS 1, 2, 11, 12, 13, 14, AND THE PORTION OF THE VACATED NORTH-SOUTH PRIVATE ALLEY, WEST OF LOTS 1 AND 2 OF MC MILLANS SUBDIVISION OF LOTS 4, 5, AND 6 OF BLOCK 12 OF C & F.J. DUNN, H.L. DOUSMAN & PETER CAMERON'S ADDITION TO THE TOWN OF LA CROSSE; NOW CITY OF LA CROSSE, BEING PART OF THE NE-NE OF SECTION 6, T15N, R7W, LA CROSSE COUNTY, WISCONSIN.

LEGAL DESCRIPTION:

LOTS 1, 2, 11, 12, 13, 14, AND THE PORTION OF THE VACATED NORTH-SOUTH PRIVATE ALLEY, WEST OF LOTS 1 AND 2 OF MC MILLANS SUBDIVISION OF LOTS 4, 5, AND 6 OF BLOCK 12 OF C & F.J. DUNN, H.L. DOUSMAN & PETER CAMERON'S ADDITION TO THE TOWN OF LA CROSSE, NOW CITY OF LA CROSSE, BEING PART OF THE NE-NE OF SECTION 6, T15N, R7W, LA CROSSE COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SECTION 6, T15N, R7W; THENCE S79°16'58"W 816.23 FEET TO THE NORTHEAST CORNER OF SAID LOT 2, AND THE POINT OF BEGINNING; THENCE S00°52'52"W ALONG THE EAST LINE OF MCMILLANS SUBDIVISION 39.97 FEET TO THE SOUTHEAST CORNER OF SAID MCMILLANS SUBDIVISION; THENCE S89°41'27"W ALONG THE SOUTH LINE THEREOF 176.03 FEET TO THE SOUTHWEST CORNER OF SAID MCMILLANS SUBDIVISION; THENCE N00°02'40"W ALONG THE WEST LINE THEREOF 87.16 FEET TO THE SOUTH LINE OF A PRIVATE ALLEY; THENCE S73°39'09"E ALONG SAID PRIVATE ALLEY 83.99 FEET TO THE NORTHEAST CORNER OF SAID LOT 14; THENCE S00°31'48"W ALONG THE EAST LINE THEREOF 23.13 FEET; THENCE N89°41'27"E 96.34 FEET TO THE POINT OF BEGINNING.

PARCEL IS SUBJECT TO AND TOGETHER WITH ANY EASEMENTS, COVENANTS, RESTRICTIONS, OR RIGHTS OF WAY OF RECORD.

PARCEL CONTAINS 9.878± S.F. OR 0.23± ACRES.

I, CHRISTIAN J. RUNNING, PROFESSIONAL LAND SURVEYOR, HEREBY CERTIFY: THAT IN FULL COMPLIANCE WITH THE PROVISIONS OF CHAPTER 236.34 OF THE WISCONSIN STATUTES, AND WITH THE SUBDIVISION ORDINANCES OF THE CITY OF LA CROSSE, AND THE COUNTY OF LA CROSSE, AND UNDER THE DIRECTION OF JEAN WIGGERT, OWNER OF SAID LAND, THAT I HAVE SURVEYED, DIVIDED AND MAPPED THE ABOVE CERTIFIED SURVEY MAP; THAT SUCH MAP CORRECTLY REPRESENTS ALL EXTERIOR BOUNDARIES AND THE SUBDIVISION OF THE LAND SURVEYED.



CHRISTIAN J. RUNNING
PLS 2558
DATE: 3/31/16

FOR:
JEAN WIGGERT
210 4TH ST. S.
LA CROSSE, WI
54601

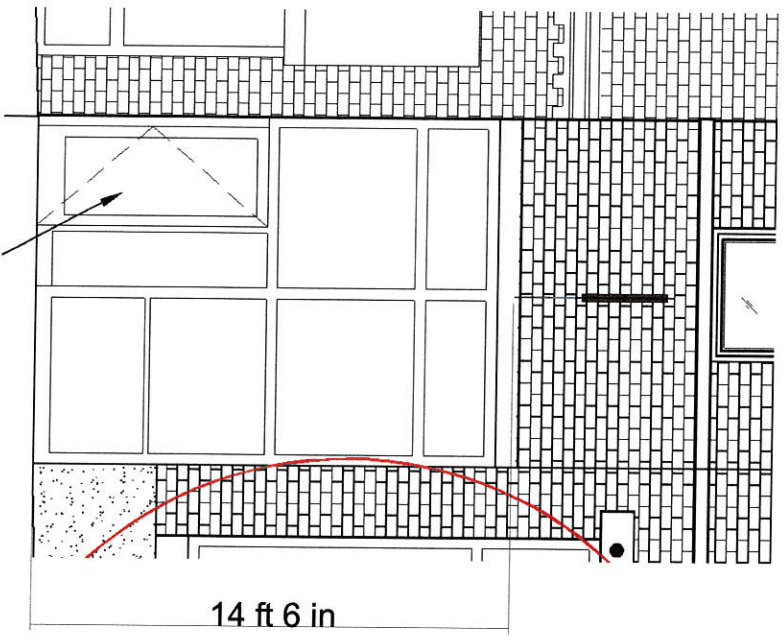
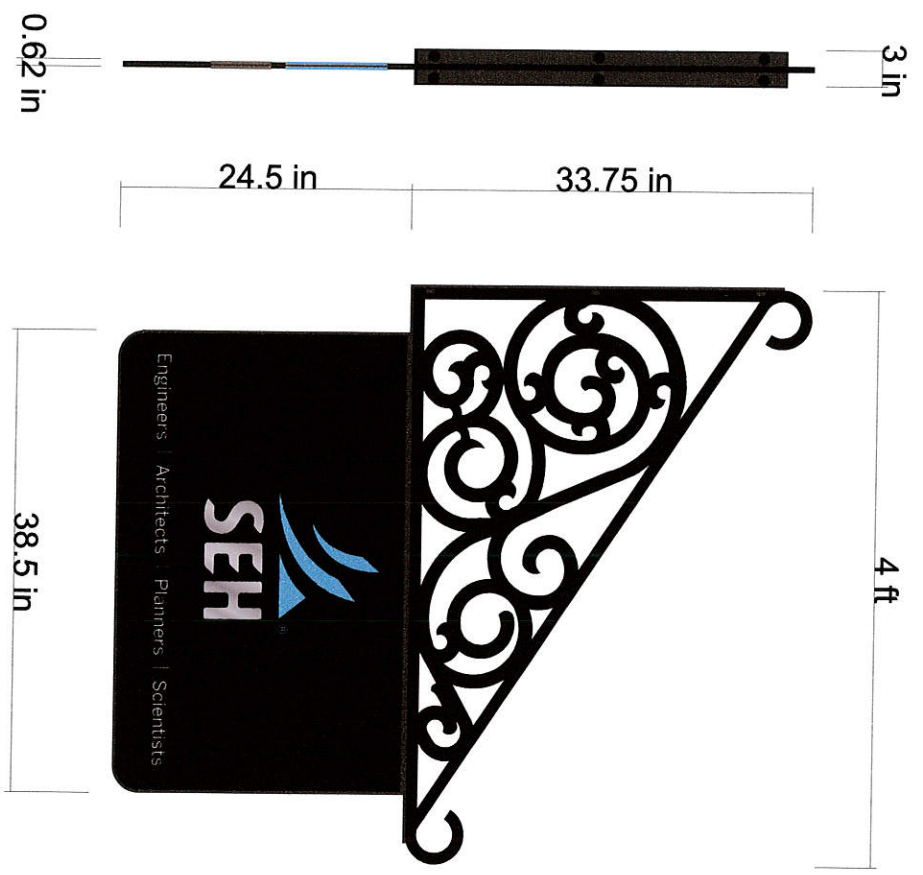
BY:
RUNNING LAND SURVEYING
700 DAUPHIN ST
LA CROSSE, WI
54603
608-779-5322

THIS CERTIFIED SURVEY MAP IS HEREBY APPROVED BY THE CITY OF LACROSSE.

Christy Dauphin
SIGNED TITLE ASSESSOR 4/6/16
DATE

David M. ...
SIGNED TITLE CHIEF INSPECTOR 4/8/16
DATE

A: Projecting Sign



Approved by: _____ Date: _____

Date: _____ Landlord: _____

Date: _____

DESIGN

SALES

FILE

COLOR KEY

LACROSSE SIGN CO.
MAKE A STATEMENT!
 1450 Oak Forest Drive • Onalaska, WI 54650 • 608-781-1450
 2242 Mustang Way • Madison, WI 53718 • 608-222-5353
 2502 Melby Street • Eau Claire, WI 54703 • 715-835-6189

Drawing by: Chris Clark
 Sign Type: Projecting Sign
 Date Created: 8-29-2016
 Last Modified:
 Scale: 3/4"=1'

Job Name: SEH
 Job Address: 329 Jay St. Ste. 301
 La Crosse, WI 54601
 Salesperson: Jeff Brezinka
 Job Number: 90709

Revision Number:
 Job File Location:
 S:\S\SEH Short Elliott
 Hendrickson In\La Crosse\
 90709 Projecting Sign\Design

- 1 PMS 285U
- 2 Black Powder Coat
- 3 Brushed Aluminum
- 4 Silver 220-120
- 5

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