

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: Robert Hill Company Name: Century Link
 Address: 306 5th Ave S. City: La Crosse State: WI Zip: _____
 Phone #: (608) 312-5237 Cell #: _____ Fax #: _____
 Email: robert.hill@centurylink.com

PROPERTY OWNER *if different from applicant
 Name: Linda Anderson Company Name: Century Link
 Address: 70 W 4th St City: St. Paul State: MD Zip: 55102
 Phone #: (651) 221-5135 Cell #: (651) 280-0223 Fax #: _____
 Email: Linda.Anderson@CenturyLink.com

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 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 checked="" type="checkbox"/> OTHER: <u>Visit Hook in Alley</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Visit Hook on building for HVAC

Desired Start Date: 3/1/2016
 Est. Completion Date: 4/15/2016

CONTRACTOR/SIGN CO.: Bernie Buchner, Inc **PERSON IN CHARGE:** Todd Brunson
 Phone #: (608) 784-9000 Cell #: _____ Fax #: (608) 784-4984

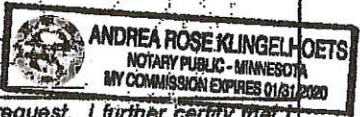
For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary 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)
 COUNTY OF LA CROSSE)
 Personally came before me this 31st day of March 2016 the above named Robert Hill to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: [Signature]
 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 **

Tax Parcel ID #: _____ Notary Public: _____ County: _____
 My commission expires: _____



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: [Signature] Date: 3/31/2016

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	Gray Shaded Areas to be Completed by City Staff
	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>50.00</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>25.00</u> <input checked="" type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE <input type="checkbox"/> Payable to City Treasurer (See fee schedule)



Google earth





Google earth

feet
meters







48"

21'-6"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2016

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 Marsh USA Inc. CA License #0437153 1301 5th Avenue, Suite 1900 Seattle, WA 98101-2682 Attn: Seattle.certrequest@marsh.com / Fax: 212-948-4326 J13913-CTL-GAWW-15-16	CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : XL Specialty Insurance Co.</td> <td>37885</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Greenwich Insurance Company	22322	INSURER B : XL Specialty Insurance Co.	37885	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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COVERAGES	CERTIFICATE NUMBER: SEA-003045226-01	REVISION NUMBER: 5
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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 ISUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER: _____		RGD500033303	09/01/2015	09/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		RAD500033403 Auto Physical Damage - Self Insured	09/01/2015	09/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	RWD500032903 AOS RWR500033003 WI	09/01/2015 09/01/2015	09/01/2016 09/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	XS Workers' Compensation/EL		RWE500033103 WA	09/01/2015	09/01/2016	Excess of 1,000,000 SIR 1,000,000
B	XS Workers' Compensation/EL		RWE500033203 OH	09/01/2015	09/01/2016	Excess of 1,000,000 SIR 1,000,000

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

 Start Date: 05/01/2016
 End Date: 12/31/2099

CERTIFICATE HOLDER City of La Crosse Attn: Legal Department 400 La Crosse Street, 6th Floor La Crosse, WI 54601	CANCELLATION 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. Cheri Garrison <i>Cheri Garrison</i>
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ENDORSEMENT #015

This endorsement, effective 12:01 a.m., September 1, 2015 forms a part of
Policy No. RGD500033303 issued to CENTURLINK, INC.
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMATIC ADDITIONAL INSURED'S PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Part apply unless modified by this endorsement.

The following provision is added to Section II, Who is an Insured: 1.

f. Any person or organization to whom you become obligated to include as an additional Insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the coverage and/or limits of this policy.

Except when required otherwise by Insured contract, this insurance does not apply to:

- (1) (a) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or (b) That portion of your work out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- (2) Bodily Injury or Property Damage arising out of any act or omission of the additional insured(s) or any of their employees, other than the general supervision of work performed for the additional insured(s) by you.

When both parties to a contract have been added as additional insureds to each others policies, primary coverage shall be determined by the terms of contract.


Authorized Representative

EPCRA OFF-SITE PLAN FOR
 CenturyLink
 La Crosse Southern Division
 333 Front Street North
 La Crosse WI 54601

Deed
 892417
 17-20034-90

Same address

17-20034-100
 no Deed

I. FACILITY NAME:
 CenturyLink La Crosse – Southern Division
 206 5th Avenue South
 La Crosse WI 54601
 608-789-1414
 Facility ID # Assigned by SERB: **013086-7**

II. FACILITY COORDINATOR:
 Melvin Conley
 Title: Environmental Health and Safety Engineer
 Telephone Number:
 423-392-3092 (w)
 423-946-1589 (cell)
 608-796-5000 (24-hr.)

ALTERNATE COORDINATOR:
 EHS HELPLINE
 Title:
 Telephone Number:
 800-733-1250

III. CHEMICALS ON SITE: EXTREMELY HAZARDOUS SUBSTANCES

<u>CAS #</u>	<u>Chemical Name/ Trade Name</u>	<u>Max. Amt.</u>	<u>Vul. Zone</u>	<u>Rural/ Urban</u>
7664-93-9	Sulfuric Acid	11,445 pounds	<0.1 miles	Urban

OTHER HAZARDOUS CHEMICALS:

<u>CAS #</u>	<u>Substance</u>	<u>Quantity</u>
068476-34-6	Diesel Fuel	11,250 pounds

IV. PRIMARY EMERGENCY RESPONDERS:

West Central Regional Type I Hazardous Materials Response Team
 La Crosse County Type II Hazardous Materials Response Team
 La Crosse Fire Department
 La Crosse Police Department
 La Crosse County Sheriff's Department
 La Crosse County Emergency Management
 Wisconsin State Patrol
 Wisconsin Department of Natural Resources
 Tri-State Ambulance

C + FJ Penn, HL Doumen +
 Peter Comer... Address
 lots 9 + 10 Block 14

17-20034-100

206 5TH AVE S LA CROSSE

Parcel: 17-20034-100
 Internal ID: 28020
 Municipality: City of La Crosse
 Record Status: Current
 On Current Tax Roll: Yes
 Total Acreage: 0.480
 Township: 15
 Range: 07
 Section: 06
 Qtr: NE-NE

Abbreviated Legal Description:

C & F J DUNN, H L DOUSMAN & PETER CAMERONS ADDITION LOTS 9 & 10 BLOCK 14 LOT
 SZ: 60 X 169 1/2

Property Addresses:

Street Address	City(Postal)
206 5TH AVE S	LA CROSSE

Owners/Associations:

Name	Relation	Mailing Address	City	State	Zip Code
CENTURYTEL OF WISCONSIN LLC	Owner	206 5TH AVE S	LA CROSSE	WI	54601

Districts:

Code	Description	Taxation District
2849	LA CROSSE SCHOOL	Y
9010	City LAX Business Dist	N
2	Book 2	N
CDZ	Community Development Zone	N
DBS	DOWNTOWN BUSINESS STUDY	N

Additional Information:

Code	Description	Taxation District
2012+ VOTING SUPERVISOR	2012+ Supervisor District 6	
2012 + VOTING WARDS	2012+ Ward 7	

Code	Description	Taxation District
POSTAL DISTRICT	LACROSSE POSTAL DISTRICT 54601	

Lottery Tax Information:

Lottery Credits Claimed: 0
 Lottery Credit Application Date:

Tax Information:**Billing Information:**

Bill Number: 0

Billed To: CENTURYTEL OF WISCONSIN LLC
 206 5TH AVE S
 LA CROSSE WI 54601

Total Tax: 0.00

Payments Sch.

	0.00
7-31-2016	0.00

Tax Details:

	Land Val.	Improv Val.	Total Val.	Assessment Ratio	0.937156002
Assessed:	0	0	0	Mill Rate	0.000000000
Fair Market:	0	0	0	School Credit:	0.00
Taxing Jurisdiction:			2014 Net Tax	2015 Net Tax	% of Change
	Credits:				
			First Dollar Credit:	0.00	
			Lottery Credit:	0.00	
	Additional Charges:				
			Special Assessment:	0.00	
			Special Charges:	0.00	
			Special Delinquent:	0.00	
			Managed Forest:	0.00	
			Private Forest:	0.00	
			Total Woodlands:	0.00	
			Grand Total:	0.00	

Payments & Transactions

Desc.	Rec. Date	Rec. #	Chk #	Total Paid	Post Date	C
			Totals:	\$ 0		

Assessment Information:

Class Description	Year	Acreage	Land Improvements	Total	Last Modified
X4 Other (Churches,Schools,Roads,etc)	2015	0.233	0 0	0	3/25/1998

Deed Information:

The following documents are those that impact the transfer of ownership or the legal description of the parcel. There may be other documents on file with the Register of Deeds Office.

Volume Number	Page Number	Document Number	Recorded Date	Type
0	0	1429902	8/22/2005	AFFIDAVIT
158	267	0	1/28/1928	WD PRIOR 9-1-81
149	329	0	5/15/1924	WD PRIOR 9-1-81
120	329	0	10/5/1912	WD PRIOR 9-1-81
118	503	0	4/10/1911	WD PRIOR 9-1-81

Outstanding Taxes

There are no outstanding taxes for this property.

Permits Information:

Municipality: City of La Crosse
 Property Address: 206 5TH AVE S

Click on the permit number for additional details regarding the permit.

Description	Per. #	Applicant Name	Status	Status Date	Activity
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History Information:

Parent Parcel(s)

There are no parent parcels for this property.

Child Parcel(s)

There are no child parcels for this property.

City of La Crosse.

SECOND- The said party of the second part further agrees that it will pay, when due and payable, all taxes and assessments which may be hereafter assessed or levied upon said premises or upon the interest of the party of the first part in and to said premises.

THIRD- The party of the second part further agrees to hold the said premises from the date hereof as the tenant by sufferance of the said party of the first part, subject to be removed as a tenant holding over by process under the statute in such case made and provided, whenever default shall be made in the payment of any of the installments of the purchase money, interest, taxes or assessments as herein specified and not to do any act whatsoever which tends to depreciate the value of the premises.

FOURTH- The said party of the second part further agrees to keep said improvements upon said premises hereinbefore described insured during the life of this contract until said purchase price has been fully paid, in some insolvent fire insurance company satisfactory to the party of the first part, in a sum not less than Twenty-five Thousand (\$25,000.00) Dollars, the principal sum of said policy to be payable to the said party of the first part, and the policies to be in the possession of said party of the first part should loss or damage from fire result as the interest of the said party of the first part shall appear.

FIFTH- The said party of the first part does hereby agree and bind itself, its successors and assigns, that in case the aforesaid sum of Twenty-seven Thousand Six Hundred Fifty (\$27,650.00) Dollars with interest and other monies, shall be paid and all of the conditions herein provided shall be fully performed at the times and in the manner above specified, it will immediately thereafter cause to be executed and delivered to the said party of the second part, its successors or assigns, a good and sufficient deed in fee simple of the premises above described, with covenants of warranty against the acts of the party of the first part, free and clear of all legalliens and encumbrances, excepting the taxes and assessments herein agreed to be paid by the party of the second part, and excepting also any liens or encumbrances created by the act or default of the party of the second part, its successors or assigns. said

SIXTH- It is further understood and agreed by and between the parties hereto, that if the party of the second part shall fail to make any of the payments of purchase money and interest above specified at the times and in the manner above specified, or fail to pay the taxes and assessments as above stipulated, or violate any other terms or conditions herein contained, this agreement shall, at the option of the said party of the first part, be henceforth void, without any notice whatever, and all payments thereon forfeited, subject to be revived and renewed only by the act of the party of the first part, or by the mutual agreement of the parties.

SEVENTH- The said party of the second part further promises and agrees that in case of the commencement of an action to foreclose this contract, and also in case of the foreclosure thereof, it will pay in addition to the taxable costs and expenses incurred, a reasonable sum as attorney fees.

IN WITNESS WHEREOF, the parties have caused these presents to be executed on their behalf by their duly qualified officers, this 4th day of January, A.D. 1928.

Signed, Sealed and Delivered
IN PRESENCE OF

S.G. Gordon

Margaret Lomis

LA CROSSE INDUSTRIAL ASSOCIATION

By-

Jno. C. Bums

President

By-

Clarence J. Johnson

Secretary

LA CROSSE GARMENT COMPANY

By-

John L. Thayer

Vice President

By-

W. Baeder

Secretary

STATE OF WISCONSIN)
) SS
LA CROSSE COUNTY)

Personally came before me this 4th day of January, A.D. 1928, the above named John C. Burns, President and Clarence J. Johnson, Secretary of the La Crosse Industrial Association, and John L. Thayer, Vice-President and Walter Baeder, Secretary of the La Crosse Garment Company, to me known to be such officers of said corporations, and acknowledged that they executed the foregoing instrument as the act of said corporations.

*Marion G.
Anderson
Notary Public
La Crosse
County
Wis.*

Marion G. Anderson
Notary Public,
La Crosse County,
Wisconsin.

My commission Expires June 9, 1929.

Recorded January 28, 1928 at 11:10 A.M.