

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: Joan Wilson Company Name: MOKA
 Address: 513 Main Street. City: Lacrosse State: WI Zip: 54601
 Phone #: (608) 385-1820 Suite Cell #: (608) 385-7820 Fax #: ()
 Email: joanw.java@gmail.com

PROPERTY OWNER *If different from applicant same
 Name: _____ 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 checked="" 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:
Landscaping in Blvd at 300 330 Adams Street
Lacrosse

Desired Start Date: _____
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: _____ **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 27 day of April, 2017, the above named Joan Wilson to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: Joan Wilson
 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, Lacrosse County, WI
 My commission expires: 10/11/19

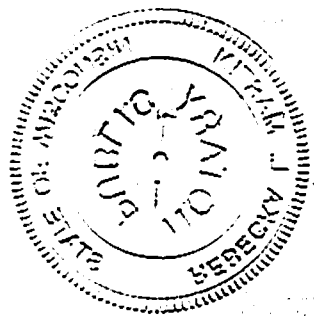
Tax Parcel ID #: _____

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: Joan Wilson Date: 4/27/17

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</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ <u>100</u> Payable to City Treasurer (See fee schedule) Check # <u>1646</u> Date Received: <u>4/27/17</u>



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GENERAL PLANTING NOTES

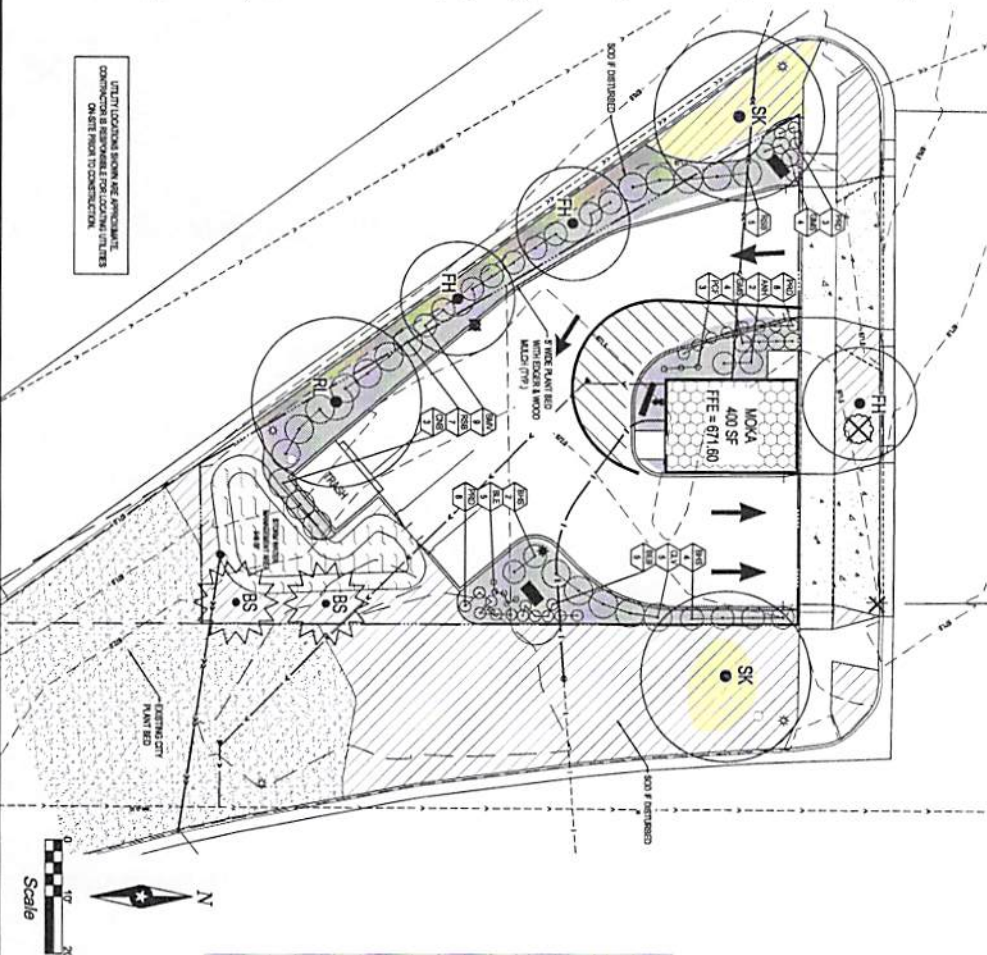
1. CORRECTIVE LOCATION OF ALL UTILITIES (ELECTRIC, TELEPHONE, GAS, WATER, SEWER, ETC.) WITH LOCATIONS OF PROPOSED LANDSCAPE ELEMENTS (FENCE, FOOTING, TREE HOODS, ETC.) SHALL BE SHOWN ON THE PLAN. ANY DISCREPANCIES TO OWNERS REPRESENTATIVE PRIOR TO CONTINUING WORK.
2. REMOVE ALL EXISTING TREES NOT NOTED TO BE REMOVAL.
3. REMOVE ALL CONSTRUCTION DEBRIS AND MATERIALS UNLESS NOTED TO REMAIN FROM PLANTING PITS AND BEDS PRIOR TO PLANTING. TOPSOIL SHALL BE COMPACTED TO 85% MAXIMUM DENSITY AT ORIGINAL MOISTURE CONTENT.
4. OPTIMAL MOISTURE CONTENT AMENDED SOIL DEPTH IN PLANTING BEDS AND SURROUNDING TREES, REFER TO SPECIFICATIONS FOR LAY TYPE.
5. FILL SOIL PLANTING ACCORDING TO PLANTING SCHEDULE. ALL PLANTING SHALL BE APPROVED BY THE CITY OF MADISON PRIOR TO INSTALLATION. OWNER RESERVES THE RIGHT TO ALTER PLANTING LAYOUT AT TIME OF INSTALLATION.
6. ALL PLANT MATERIALS SHALL BE TRUE TO THEIR SCIENTIFIC NAME AND SIZE AS INDICATED IN THE PLANT SCHEDULE.
7. THE NUMBER OF PLANTS PER LINE IN THE PLANTING PLAN AND THE NUMBER OF PLANTS IN THE SCHEDULE, THE PLANTING PLAN SHALL GOVERN.
8. CONTRACTORS SHALL BE RESPONSIBLE FOR QUANTITIES TO SUIT SUBJECT LIMITATIONS. CONTRACTORS LIMIT BID PRICES SHALL BE SUBJECT TO CHANGE IN QUANTITIES. PRICES SHALL BE SUBJECT TO CHANGE IN QUANTITIES. CONTRACTORS SHALL BE RESPONSIBLE FOR EVALUATING OVERALL FORM, HEIGHT, BRANCHING HABIT, FLOWER LEAF COLOR, AND PLANTING MATERIALS. CONTRACTORS SHALL BE RESPONSIBLE FOR REPRESENTATIVE AND OWNER.
9. ALL PLANT MATERIALS MUST CONFORM TO AMERICAN STANDARDS FOR NURSERY STOCK (ANSI Z602.1) AS PUBLISHED BY THE AMERICAN ASSOCIATION OF NURSERYMEN, WASHINGTON, D.C. UNLESS SPECIFIC PLANT MATERIALS OF THE SPECIES CONFORM TO A.A.S. # 1 THE STOCK.
10. PROVIDE SHEARED HARDWOOD MULCH, NATURAL COLOR, IN ALL PLANTING BEDS. ALL MULCH SHALL BE 2" DEEP AND 100% COMPOSTED. MULCH SHALL BE REPLACED TO MAINTAIN 2" DEPTH. ANY V. PRESIDENTIAL TO ALL PLANTING BEDS PRIOR TO MULCHING.
11. ALL PLANT MATERIAL SHALL BE HEALTHY GROWING CONDITION FOR ONE FULL GROWING SEASON (ONE YEAR) AFTER FINAL PROJECT ACCEPTANCE OR SHALL BE THE SAME GRADE AND SPECIES. ALL TREES SHALL HAVE A STRONG CENTRAL LEADER. PLANTING BEDS SHALL BE 18" x 18" STEEL EDGING w/ 1" FLOORING BEDS SETS IN LAWN AREAS.
12. ALL PLANTING BEDS SHALL HAVE SPACE DIA. EDGE, EXCEPT WHERE NOTED.
13. CONTRACTOR IS RESPONSIBLE FOR ALL DAMAGE DUE TO OPERATIONS INSIDE AND OUTSIDE OF THE CONTRACT LIMIT LINE. ANY AREAS DAMAGED SHALL BE RESTORED TO ITS ORIGINAL CONDITION AT NO ADDITIONAL COST TO THE OWNER.
14. ALL TREE AREAS DISTURBED BY CONSTRUCTION SHALL BE RESTORED TO ORIGINAL CONDITION. ALL TREE SECTIONS SHALL BE NO SMALLER THAN 2" x 3" STAKED IN PLACE WITH BIODEGRADABLE SOIL STAKES WHEN SLOPE REQUIREMENTS EXCEED 1:1 ON WHICH CONDITIONS REQUIRE.
15. ALL PLANTING BEDS SHALL BE MULCHED WITH 2" DEPTH SHEARED HARDWOOD MULCH. MULCH SHALL BE REPLACED TO MAINTAIN 2" DEPTH. ANY V. PRESIDENTIAL TO ALL PLANTING BEDS PRIOR TO MULCHING.

CITY LANDSCAPE REQUIREMENTS

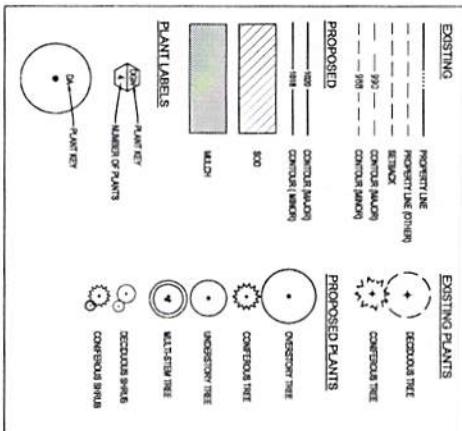
AS REQUIRED IN THE CITY OF LA CROSSE, WISCONSIN ZONING CODE:

CODE: ONE TREE PLACED IN BOLLIVARD PER 40 LF OF FRONTAGE
 2 TREES & SHRUBS PER 800 SF OF LANDSCAPE AREA
 3 FT. HEDGE REQUIRED BETWEEN PARKING & STREET

SITE DATA:
 - 2170 SF OF LANDSCAPE AREA
 7 TREES REQUIRED (2170 / 600 x 2 = 7.24 ON 7 TREES)
 28 SHRUBS REQUIRED (2170 / 600 x 8 = 28.94 ON 29 SHRUBS)
 TOTAL PLANTS SHOWN ON PLAN
 8 TREES
 45 SHRUBS



LEGEND



PLANT SCHEDULE

QTY	KEY	COMMON NAME (Latin name)	SIZE	ROOT	NOTE
1	RL	REDWOOD LINCOLN 'Super'	2-1/2" DCL	B.S.	
2	SK	SPYRALD LILAC 'COAST'	2-1/2" DCL	B.S.	
		GLADIA ELIZABETHA 'MOMO' 'Sylvia'			CONFERSORY TREES
2	BS	BLACK HILLS SPRUCE	6" HT	B.S.	
		PLANT SPECIES			CONFERSORY TREES
3	H1	THORNLESS COCONUT PALM 'HAWAIIAN'	1-1/2" DCL	B.S.	
		CHALMERSI 'Orange'			DECIDUOUS SHRUBS
2	AM	ANNABELLE HYDRANGEA 'ANNABELLE'	24" HT	CONT.	
6	BNS	BUSH KENTUCKIA 'Knox'	24" HT	CONT.	
9	BMV	BLUE MARYFIN VIBURNUM	24" HT	CONT.	
5	CLV	CLAYTONIA LUTEA 'VIRGINICA'	24" HT	CONT.	
3	CNS	COMMON NEROLIUM 'Syringae'	24" HT	CONT.	
8	QMS	QUERCUS MARSHIANA	16" HT	CONT.	
12	RSB	RED BUD 'Syringae'	24" HT	CONT.	
		PERENNIALS			
5	BBB	BEE BALM 'Mammoth'	4"	POT.	
5	BLE	BLACK EYED SUSAN	4"	POT.	
3	PCP	PURPLE CLOUTIER	4"	POT.	
		GRASSES			
19	PHD	PRairie Doggrass	4"	POT.	

LANDSCAPE PLAN

L1.11

PROJECT: MOKA DRIVE-UP COFFEE SHOP

CLIENT: MOKA DRIVE-UP COFFEE SHOP

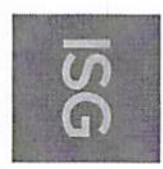
DATE: 10/15/2020

DESIGNER: ISG

SCALE: AS SHOWN

PROJECT NO.: 1000000000

CLIENT PROJECT NO.: 1000000000



The legal description for the property is as follows:

Parcel 1:

The North 44 feet 2 inches of Lot 1 in Block 16 of Burns Addition to the city of LaCrosse, LaCrosse County.

Parcel 2:

Part of Lots 1 and 2 in Block 16 of Burns Addition to the City of LaCrosse, LaCrosse County Wisconsin, more particularly described as follows: The North 54.45 feet of said Lot 2 and all of said Lot 1 EXCEPT the North 44 feet 2 inches of Lot 1.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2017

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).

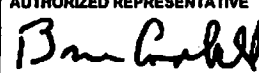
PRODUCER Bremer Insurance Agencies, Inc. 2570 Midwest Drive Onalaska, WI 54650	CONTACT NAME: PHONE (A/C, No. Ext): (888) 430-2760 FAX (A/C, No): (651) 450-5158 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford INSURER B: EMPLOYERS Preferred INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10863
INSURED JoanCarl LLC Joan Wilson 513 Main St Suite C La Crosse, WI 54601		

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/SUBR INSD WVD	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:	X	41SBAIL8968	06/04/2015	06/04/2016	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 - COM/PROP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		41UECVT5927	10/20/2015	10/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		41SBAIL8968	06/04/2015	06/04/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	EIG2092937	06/04/2015	06/04/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER City of LaCrosse 400 LaCrosse St 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 
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