

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: Matt Garves Company Name: La Crosse Sign Group
 Address: 1450 Oak Forest Dr City: Onalaska State: WI Zip: 54650
 Phone #: (608) 781-1450 Cell #: () Fax #: (608) 781-1451
 Email: matt.garves@lacrossesign.com

PROPERTY OWNER *If different from applicant
 Name: Phillip James Addis Company Name: _____
 Address: 500 Main St City: La Crosse State: WI Zip: 54601
 Phone #: (608) 786-1328 Cell #: () Fax #: ()
 Email: _____

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:
One double-sided, 7'0" high x 3'0" wide, non-lit sign to overhang sidewalk on Main St. Sign is for Interact

Desired Start Date: 5/1/17
 Est. Completion Date: 5/1/17

CONTRACTOR/SIGN CO.: La Crosse Sign Group **PERSON IN CHARGE:** Matt Garves
 Phone #: (608) 781-1450 Cell #: () Fax #: (608) 781-1451

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.

Property Owner Signature: [Signature] STATE OF WISCONSIN)
) SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 27th day of March, 2017, the above named Phillip James Addis to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.
 Signature of Property Owner **must be notarized**** [Signature] **DONNA M CLEMENTS** Notary Public
 Notary Public, La Crosse County, State of Wisconsin
 My commission expires: 3/22/19

Tax Parcel ID #: 17-40380-970

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: 3/27/17

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 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	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

Lots 1, 2 and 4 in H. Berger Historical Suites Condominium, which said plat was subsequently affected by First Amendment to H. Berger Historical Suites Condominium, being a condominium created under the Condominium Ownership Act of the State of Wisconsin by a Declaration of Condominium for H. Berger Historical Suites Condominium, dated August 6, 2009 and recorded August 13, 2009 in the Office of the Register of Deeds for LaCrosse County, Wisconsin as Document No. 1533369 and by a Condominium Plat therefore, which said Declaration was subsequently affected by the Disclosure Materials H. Berger Historical Suites Condominium Amendment, dated November 11, 2009 and recorded November 13, 2009 as Document No. 1539089. Together with all appurtenant rights, title and interests, including (without limitation): (a) the undivided percentage interest in all common elements as specified for such Unit in the aforementioned Declaration; (b) the right to use the areas and/or facilities, if any, specified in the aforementioned Declaration, as limited common elements for such Unit; and (c) membership in the Owner's Association, as provided for in the aforementioned Declaration and in any Articles of Incorporation and/or Bylaws for such Owner's Association.



CERTIFICATE OF LIABILITY INSURANCE

ADDIPH2

OP ID: EF

DATE (MM/DD/YYYY)

03/16/2017

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 Carrier Insurance Agency 1228 Caledonia St. La Crosse, WI 54603 Randy Eddy Sr.	CONTACT NAME: Randy Eddy Sr. PHONE (A/C, No, Ext): 608-784-6879 FAX (A/C, No): 608-784-5500 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
INSURED Phillip Addis & Julie Fogel P O Box 1104 La Crosse, WI 54602-1104	INSURER A: West Bend Mutual Ins. NAIC # 15350 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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

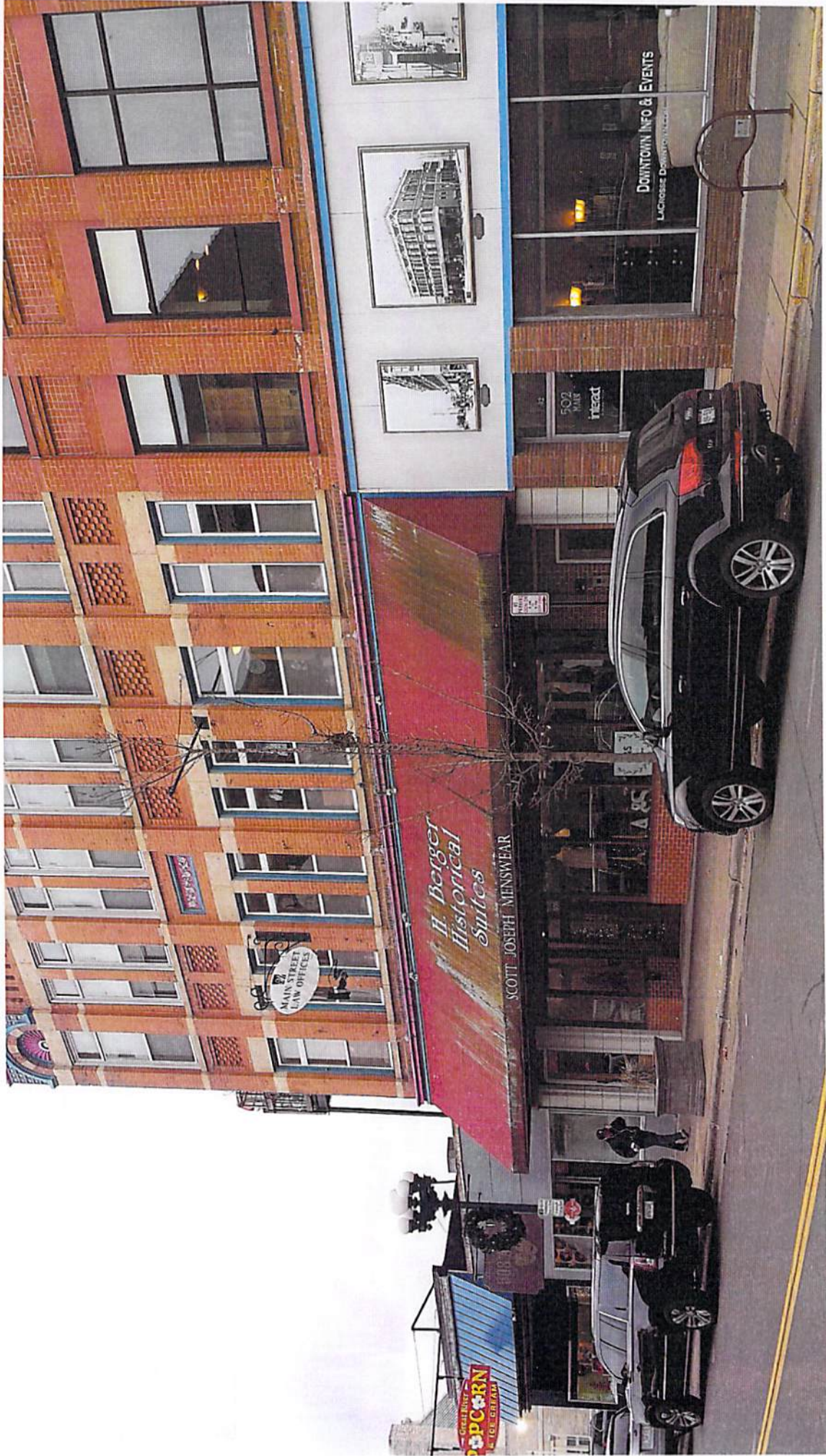
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	1330245056	06/28/2016	06/28/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 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
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ Waived		133024506	06/28/2016	06/28/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Premises: 500-512 Main St. La Crosse, WI 54601.

CERTIFICATE HOLDER CITY OF LA CROSSE 400 LA CROSSE ST. LA CROSSE, WI 54601	CITYLA2	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 Randy Eddy Sr.
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Great River
POPCORN
& ICE CREAM

MAIN STREET
LAW OFFICES

H. Berger
Historical
Suites
SCOTT JOSEPH MENSWEAR

DOWNTOWN INFO & EVENTS
LACROSSE DISTRICTS INC.

502
MAIL
treat

PROJECTION SIGN



Approved by: _____ Date: _____ Landlord: _____ Date: _____

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© 2017 La Crosse Sign Co. Inc. ALL RIGHTS RESERVED. ACTUAL COLOR MAY VARY FROM PRODUCT.

<p>lacrossesign.com</p> <p>La Crosse Sign Group</p> <p>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</p>		<p>DESIGN</p> <p>Drawing by: Danielle Hadley Sign Type: Projection Sign Date Created: 3/8/2017 Last Modified: Scale: 3/16" = 1'</p>	<p>SALES</p> <p>Job Name: Interact Job Address: 502 Main St La Crosse, WI 54601 Salesperson: James Fuchsel Job Number: 92906</p>	<p>FILE</p> <p>Revision Number: Job File Location: S:\Interact\La Crosse\92906 Projecting Wall Sign\Design\ Art 92906</p>	<p>COLOR KEY</p> <p>Blue <input type="checkbox"/> B <input type="checkbox"/> TBD White <input type="checkbox"/> W <input type="checkbox"/> TBD <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> K <input type="checkbox"/> L</p>
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