



REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org <http://cityoflacrosse.org>

Encroachment Owner: ~~ABC~~ Family Radio Inc.
Address: 201 State Street City: La Crosse State: WI Zip: 54601
Phone # 782-1230 Email Address Brian.Jackson@midwestfamilylacrosse.com

Application Preparer (if different from above) Sign Pro
Relationship with Owner: part of company - sign company
Phone # 782-3456 Email Address Jim@signprousa.com

Description of Proposed Encroachment:

- ② Wall signs on state st. & 2nd st.
- ② ~~BLDG~~ Building Overhang Protrusions

Encroachment Address(es): 201 state st.

Benefiting Tax Parcel ID #(s): 17-20010-100

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 covered by an approved permit with diligence and convenience to the public.

Signature of Owner or designee: [Signature] Date: 2/4/20
Print Name and Title: Jim Warsinske Brian Jackson General Manager

Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. **Average completion time for validation 45 days.**

BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY

Required items to be provided by Applicant:	
Scale Drawing of encroachment on letter size paper(s)	<input checked="" type="checkbox"/>
Legal Description of benefiting parcel(s)	<input checked="" type="checkbox"/>
Certificate of Insurance (City as additional Insured)	<input checked="" type="checkbox"/>
Initial Application / Annual Fee \$ <u>100.00</u>	<input checked="" type="checkbox"/>
City Utility Potential Conflict Notification and Sign-Off	<input checked="" type="checkbox"/>

Board of Public Works Approval Date:
Encroachment Type:
<u>SIGNS + BLDG Overhangs</u>
Permit Number:

All Fees are Non-Refundable & Subject to change by City Council