

On State Highway?
 Yes No

**REVOCABLE OCCUPANCY/
 STREET PRIVILEGE PERMIT APPLICATION**
 City of La Crosse Engineering Department - Phone: (608)789-7505
 http://www.cityoflacrosse.org

Permit Number:
 # _____

APPLICANT
 Name: Loren C. Casteel, Account Manager Company Name: Smith-Goth Engineers, Inc.
 Address: 3855 S Jefferson Avenue City: Springfield State: MO Zip: 65807
 Phone #: (417) 882-2200 Cell #: (N/A) Fax #: (417) 882-1188
 Email: lcasteel@smithgoth.com

PROPERTY OWNER *If different from applicant
 Name: _____ Company Name: O'Reilly Automotive Stores, Inc.
 Address: 233 S Patterson City: Springfield State: MO Zip: 65802
 Phone #: (417) 862-2674 Cell #: (N/A) Fax #: (N/A)
 Email: cevans16@oreillyauto.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>Padmount transformer & underground electric</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Installation of new padmount transformer at southeast corner of George Street and St. Cloud Street near other, existing utility transformers/pedestals to serve O'Reilly Auto Parts directly to the south.
 Desired Start Date: Spring 2019
 Est. Completion Date: Summer 2019

CONTRACTOR/SIGN CO.: TBD **PERSON IN CHARGE:** TBD
 Phone #: (TBD) Cell #: (TBD) Fax #: (TBD)

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 MISSOURI)
) SS.
 COUNTY OF Greene)
 Personally came before me this 12 day of November 18, the above named Scott Kraus 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 **

Notary Public, MO County, Howell
 My commission expires: April 29, 2021

Tax Parcel ID #: 17-10289-70

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: November 8, 2018

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Engineering Department, 400 La Crosse Street, 4th Floor, La Crosse WI 54601. With questions please contact the Engineering Department at (608)789-7505. 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"/>	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____
All items due prior to approval		

CHRISTINA CHEEK
 Notary Public, Notary Seal
 State of Missouri
 Howell County
 Commission # 13476695
 My Commission Expires 04-29-2021