



# REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

## City of La Crosse Engineering Department

Phone: 608-789-7505 Email: [engineering@cityoflacrosse.org](mailto:engineering@cityoflacrosse.org) <http://cityoflacrosse.org>

Property Owner: WEISLER PROPERTIES LLC

Address: 2526 EDGEWOOD PLACE City: LA CROSSE State: WI Zip: 54601

Phone # 608-799-4763 Email Address Mitchel@Sagefoodandwine.com

Application Preparer (if different from above) LA CROSSE SIGN GROUP

Relationship with Owner: SIGNAGE CONTRACTOR

Phone # (608)-790-9721 Email Address phillip.sawyer@lacrossesign.com

### Description of Proposed Encroachment:

REMOVAL & REPLACEMENT OF EXISTING PROJECTING SIGN WITH NEW PROJECTING SIGN

### Encroachment Address(es):

501 FRONT ST S La CROSSE WI 54605

### Benefiting Tax Parcel ID #(s):

17-20025-90

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: \_\_\_\_\_

Date: 11/7/25

Print Name and Title: Mitchel Weber - Owner

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) ☐

Legal Description of benefiting parcel(s) ☐

Certificate of Insurance (City as additional Insured) ☐

Initial Application / Annual Fee \$ \_\_\_\_\_ ☐

City Utility Potential Conflict Notification and Sign-Off ☐

### Board of Public Works

#### Approval Date:

#### Encroachment Type:

#### Permit Number:

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



**CITY OF LA CROSSE  
ENGINEERING DEPARTMENT  
400 LA CROSSE ST  
LA CROSSE, WI 54601-3396  
PHONE: 608-789-7505**

**Email: [Engineering@cityoflacrosse.org](mailto:Engineering@cityoflacrosse.org)**

**Revocable Occupancy Street Privilege Permit Factsheet**

See Municipal Code Sec. 40-106 for complete information

- When is a permit needed?
  - Anytime there is a long term (Over 89 days) Encroachment into City's Right of Way
- Cost
  - Most encroachments are \$100 initial fee plus \$50 annual renewal fee or as modified by City Council.
  - Off-premise Signs, News boxes, Vending machines and boathouse fees vary.
  - Telecommunications company fees vary.
- Application Process averages 45 days for approval.
- Bond
  - Bonds may be required as directed by the Board of Public Works
- Insurance
  - Must Carry Minimum Liability and Contractual Liability Insurance in the amount of \$100,000.00 each person, \$300,000.00 each accident for bodily injury and \$100,000.00 for property damage for the duration of the permit and file annually with the City of La Crosse Engineering Department.
  - Insurance must name the City of La Crosse as additional insured.
- Misc.
  - Must comply with Municipal Code Sec. 40-106.
  - All Street privilege permits expire January 1<sup>st</sup> each year and must be renewed with annual fee, renewal form and updated insurance.
  - Permittee is obligated to remove encroachment upon ten days' notice by the City of La Crosse for any reason.
- Procedure to obtain permit:
  - Submit application, initial fee, insurance certificate, legal description of benefiting property and scale drawing of encroachment
  - Obtain Board of Public Works approval (may require your appearance for explanation of reason for encroachment).





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**EMILIA'S RESAURANT**  
501 FRONT STREET SOUTH  
LA CROSSE WI, 54601

Project  
VARIOUS SIGNS.

Consultant Design Art  
JOEL HOUSE MICHAEL V JOLIN

**DOUBLE FACED NON-ILLUMINATED  
BLADE SIGN.**

Color Key  
①  CHAMPAGNE METALLIC GOLD #249  
②  BLACK #12

Job Number  
**130442**

Creation Date  
**8/26/2025**

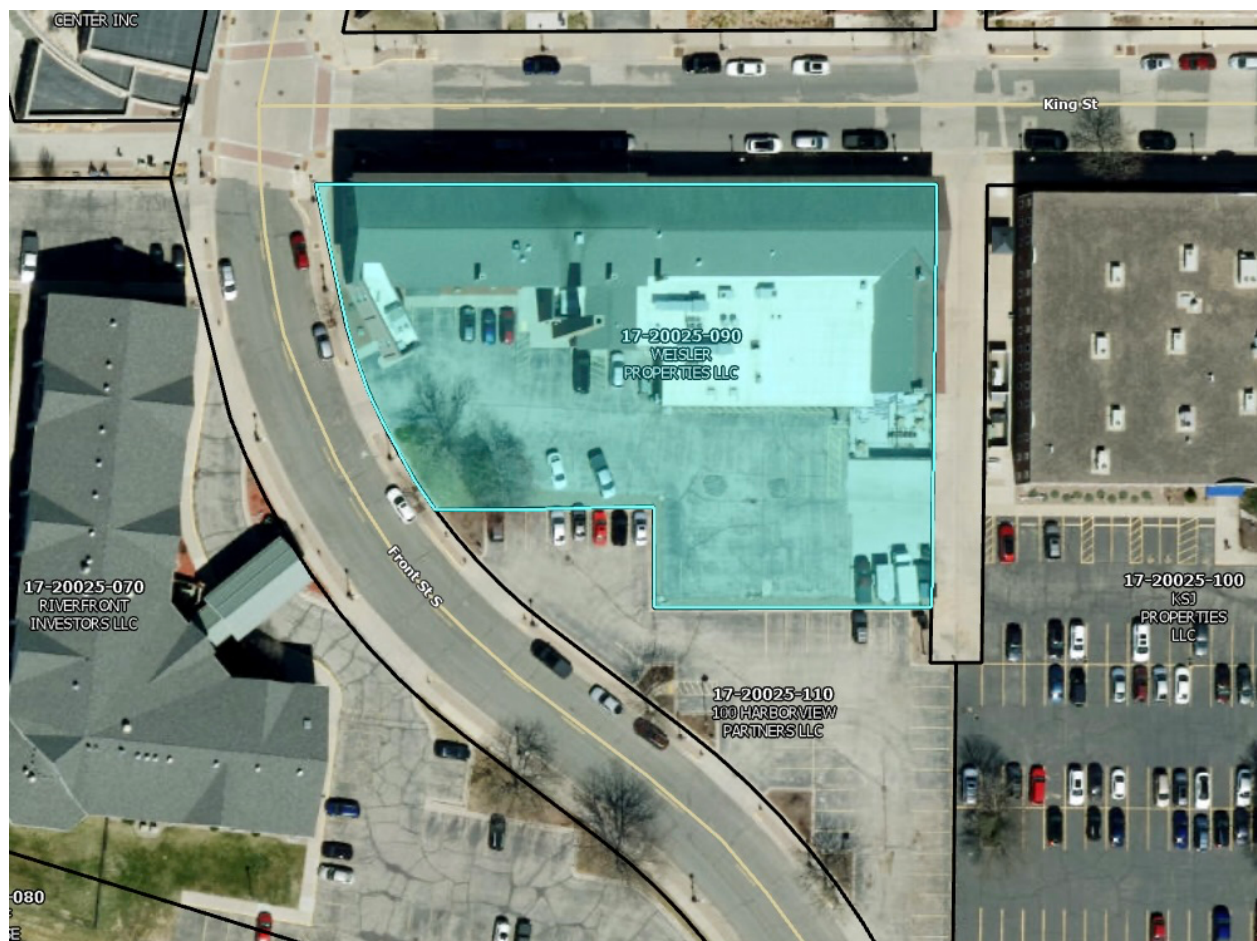
Revision Date Revision Number  
**8/26/2025 1**

File Path

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

\*Colors on sketch are only a representation, actual color of finished product may differ from this sketch.  
\*To make the best use of standard sized materials and control costs the size of the finished product may vary slightly.





C & F J DUNN, H L DOUSMAN & PETER CAMERONS ADDITION LOTS 1, 2, 8 & 9 & N 17FT OF LOT 3 BLOCK 4 EX 45SF TRIANG FOR ST SUBJ TO RR R/W LOT SZ: IRR



LACRSIG-02

BALBITZ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2025

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 have ADDITIONAL INSURED provisions or 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 TRICOR, LLC - Onalaska 2800 National Drive Suite 100 Onalaska, WI 54650	CONTACT NAME: <b>Brittany Albitz, CIC, CPRM</b>	
	PHONE (A/C, No, Ext): <b>(608) 567-2297 6476</b> FAX (A/C, No): <b>(608) 723-6440</b>	
	E-MAIL ADDRESS: <b>balbitz@tricorinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>Acuity</b>	<b>14184</b>
INSURED  <b>La Crosse Sign Co., Inc.</b> <b>1450 Oak Forest Dr</b> <b>Onalaska, WI 54650</b>	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 INSD	SUBR 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Z11316	1/1/2025	1/1/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Z11316	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			Z11316	1/1/2025	1/1/2026	EACH OCCURRENCE \$ <b>6,000,000</b> AGGREGATE \$ <b>6,000,000</b> \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	Z11316	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	<input checked="" type="checkbox"/> Equip Floater			Z11316	1/1/2025	1/1/2026	Non-Owned Equipment <b>400,000</b>

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

Coverage applies only to the extent provided by the policy and subject to all of the policy terms, conditions, exclusions, endorsements and all applicable laws.

Job Name: 130442 Emilia's Restaurant

## CERTIFICATE HOLDER

## CANCELLATION

City of La Crosse 400 La Crosse St La Crosse, WI 54601	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 