



TEMPORARY STREET PRIVILEGE PERMIT

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184
<http://www.cityoflacrosse.org> engineering@cityoflacrosse.org

Permit No:	2020-006
Date:	01-22-20
Parcel ID:	

STATUS:	Permit Type: TSP
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Name:	TIMOTHY KOHLWISCH		
Address:	2836 HARVEY ST		
City:	LACROSSE	State:	WI
Phone:	608 317-2603	Cell:	
Fax:		Email:	Tim.Kohlweis@cityoflacrosse.org
Vehicle License Number (If Applicable):		Tag #:	

Location:	Hose over Sidewalk & Blvd		
Area to be occupied:	Traffic Lane(s)	Parking Lane(s)	<input checked="" type="checkbox"/> Boulevard <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Alley
Purpose for permit:	Pump basement for Silling Project		
Additional Conditions:	Must ramp hose at sidewalk for ADA access over		

Start Date:	02-01-20 03-18-20	End Date:	06-01-20
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Invoice #:	Pending	Fee: \$	(\$35.00 first 5 days, \$2.00 each additional day)
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Permit issued by:	Karen Novak, Eng. Dept
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Comments:

The undersigned understands and agrees to the following: 1) The permitted work shall comply with all permit provisions and conditions listed on and attached to this form; 2) That insurance requirements shall be met prior to approval either by submitting information with application or by keeping current information on file with the Engineering Dept.; 3) The applicant shall contact City Dispatch and the City Traffic Engineer 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of the closure. Temporary traffic control shall be provided and maintained by the applicant and shall comply with Part 6 of the *Manual on Uniform Traffic Control Devices (MUTCD)*.

Note: Once invoiced, application fees may not be refunded. Details of permit, including dates, may be modified with approval of the Engineering Department.

(PRINT) AUTHORIZED REPRESENTATIVE _____ TITLE _____ DATE _____

(SIGN) AUTHORIZED REPRESENTATIVE _____ TITLE _____ DATE _____

DECLARATIONS

WISCONSIN HOMEOWNERS POLICY - GOLD STAR SPECIAL DELUXE FORM (ED 06/94) WI

NON-ASSESSABLE POLICY ISSUED BY AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
A MEMBER OF THE AMERICAN FAMILY INSURANCE GROUP MADISON, WI

PLEASE READ YOUR POLICY

POLICY NUMBER 48DY-1732-01

NAMED INSURED

KOHLWEY, TIMOTHY C
2836 HARVEY ST
LA CROSSE WI 54603-1636

EFFECTIVE
FROM 5/27/2020 TO 5/27/2021
ACCT 019-692-856-46

COVERAGES AND LIMITS PROVIDED

001 FAMILY FRAME STUCCO DWELLING IN TOWN CLASS 2

SECTION I

	LIMITS
DWELLING	\$265,000
PERSONAL PROPERTY ON PREMISES	\$198,800
PERSONAL PROPERTY OFF PREMISES 100% SUBJECT TO POLICY LIMITATION	
FUNGI OR BACTERIA	\$10,000
LOSS OF USE - ACTUAL LOSS SUSTAINED WITHIN 12 MONTHS OF THE LOSS	
DEDUCTIBLE AMOUNT - ALL PERIL	\$1,000

SECTION II

PERSONAL LIABILITY	\$300,000
DANGEROUS DOG AND EXOTIC ANIMAL LIABILITY	\$25,000
MEDICAL EXPENSE	\$1,000

ADDITIONAL PROTECTION / ENDORSEMENTS

OPTION 2 - EXTENDED COVERAGE ON JEWELRY, WATCHES AND FURS
OPTION 13 - OTHER STRUCTURES
OPTION 14 - PERSONAL PROPERTY REPLACEMENT COVERAGE
ADDITIONAL FORMS AND/OR ENDORSEMENTS MAY APPLY

THIS POLICY INCLUDES INCREASED BUILDING LIMIT COVERAGE UP TO 120% OF THE
DWELLING LIMIT SHOWN ABOVE, SUBJECT TO POLICY PROVISIONS

HOME AND AUTO DISCOUNT HAS BEEN APPLIED
AGE OF CUSTOMER DISCOUNT HAS BEEN APPLIED
CUSTOMER LONGEVITY DISCOUNT HAS BEEN APPLIED
CLAIMS FREE DISCOUNT HAS BEEN APPLIED

TOTAL PREMIUM \$855.00

LOCATION OF RISK: 2836 HARVEY ST LA CROSSE WI 54603-1636