



REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

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

Property Owner: HOLZER INVESTMENTS LLC
Address: 4550 County Rd 25 City: LACROSSE State: WI Zip: _____
Phone #: _____ Email Address: _____

Application Preparer (if different from above) SIGNARAM - LACROSSE - Glen Janikson
Relationship with Owner: sign company hired by tenant (SOCIETY MORTGAGE)
Phone # 608-753-6460 Email Address glen@signaram-lacrosse.com

Description of Proposed Encroachment:
Install a 38" x 38" blade sign to front of building, sign will project from building a total of 47". Bottom of sign will be 105" above sidewalk

Encroachment Address(es):
227 3RD ST NORTH, LACROSSE, WI 54601

Benefiting Tax Parcel ID #(s):
17-20011-20

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: [Signature] Date: 9-20-24
Print Name and Title: John Munson / Property manager and Agent of Owner

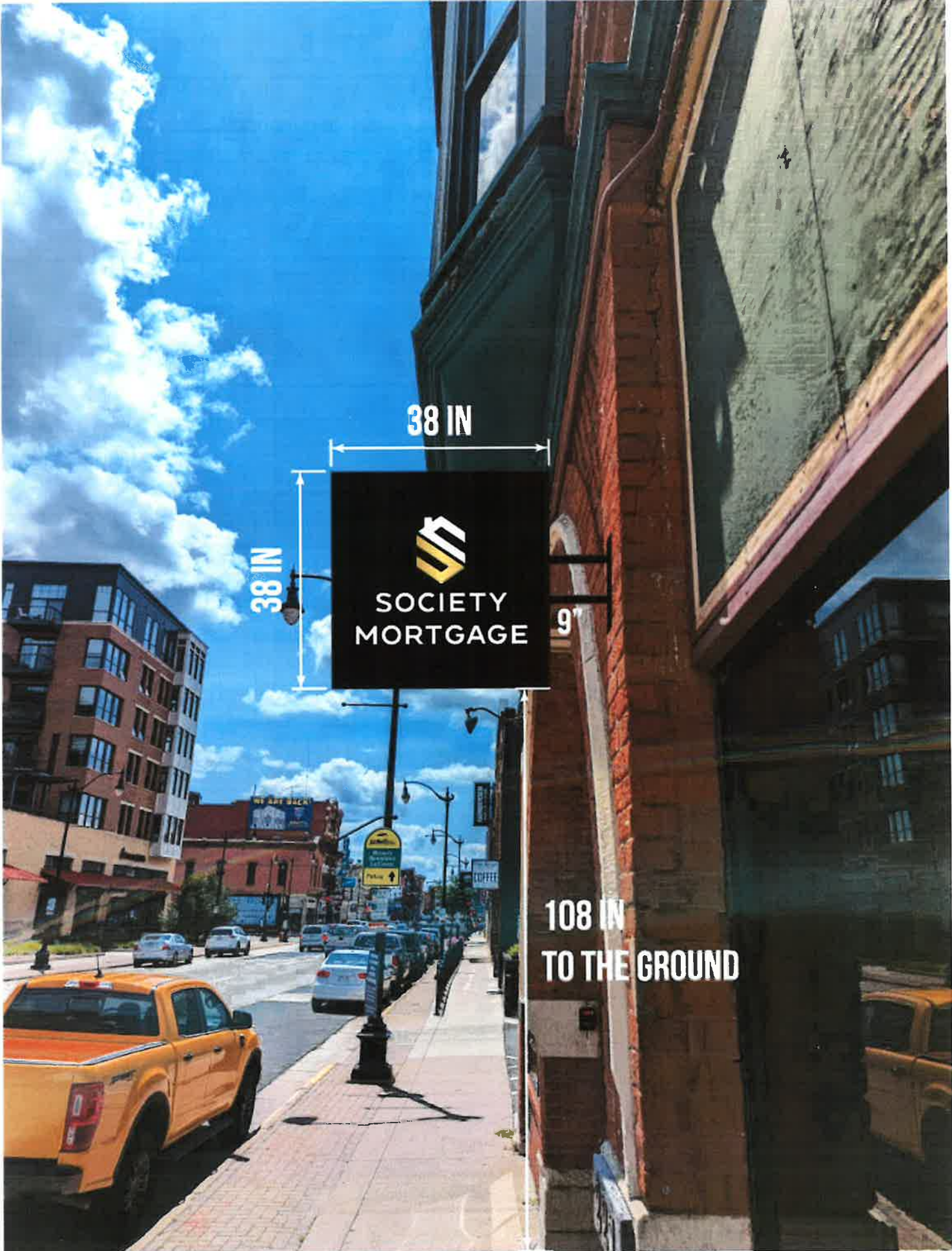
Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. 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)	<input type="checkbox"/>
Legal Description of benefiting parcel(s)	<input type="checkbox"/>
Certificate of Insurance (City as additional Insured)	<input type="checkbox"/>
Initial Application / Annual Fee \$: _____	<input type="checkbox"/>
City Utility Potential Conflict Notification and Sign-Off	<input type="checkbox"/>

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

Board of Public Works
Approval Date:
Encroachment Type:
Permit Number:



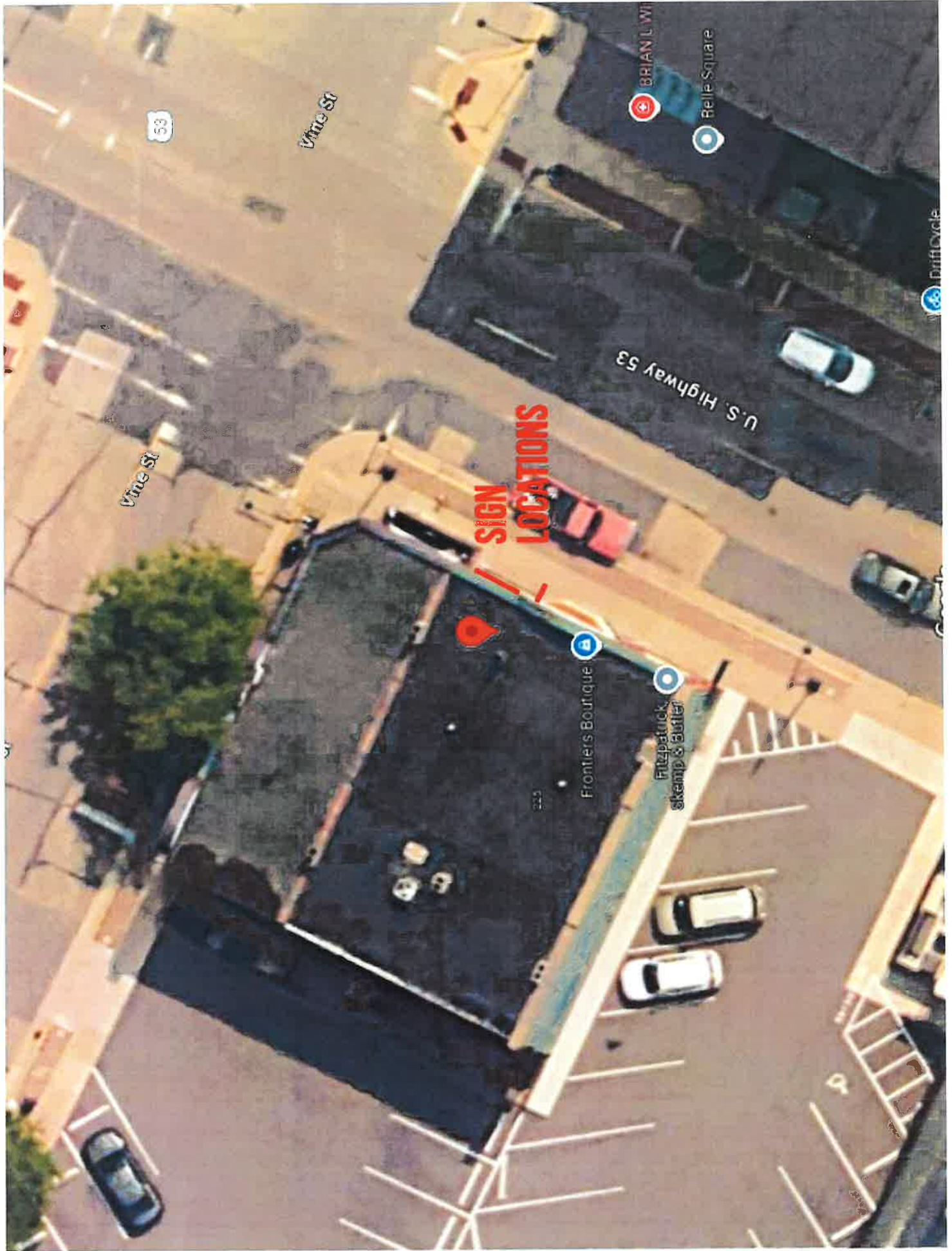
38 IN

38 IN

SOCIETY
MORTGAGE

9"

108 IN
TO THE GROUND





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2024

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 Coulee Region Insurance & Financial 2942 Darling Ct La Crosse, WI 54601	CONTACT NAME: Neil Bolstad	FAX (A/C, No): (608)784-7283	
	PHONE (A/C, No, Ext): (608)784-8280	E-MAIL ADDRESS: neil.crif@gmail.com	
INSURED Revive Realty Group LLC 934 Charles Ct Onalaska, WI 54650-3113	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Erie Insurance Company	26263	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00002161-240926085445 REVISION NUMBER: 2

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q61-0398075	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
Location: 225 3rd St N LaCrosse, WI 54601

CERTIFICATE HOLDER**CANCELLATION**

City of LaCrosse 400 LaCrosse 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 <i>Neil Bolstad</i> (NWB)

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