

On State Highway?  
 Yes  No

**REVOCABLE OCCUPANCY/  
 STREET PRIVILEGE PERMIT APPLICATION**  
 City of La Crosse Legal Department - Phone: (608)789-7511  
 http://www.cityoflacrosse.org

Permit Number:  
 # \_\_\_\_\_

**APPLICANT**  
 Name: Marvin Wanders Company Name: Aguilera LLC  
 Address: 1243 Badger Street P O Box 609 City: La Crosse State: WI Zip: 54602-0609  
 Phone #: (608) 782-7368 Cell #: (608) 317-4678 Fax #: (608) 782-7369  
 Email: marvin@threesixty.bz or louise@threesixty.bz

**PROPERTY OWNER** \*If different from applicant  
 Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**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 checked="" 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 type="checkbox"/> OTHER: _____	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
See Attached

Desired Start Date: \_\_\_\_\_  
 Est. Completion Date: \_\_\_\_\_

**CONTRACTOR/SIGN CO.:** Barton Construction **PERSON IN CHARGE:** Dan Miller  
 Phone #: (608) 779-0400 Cell #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

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 WISCONSIN )  
 ) SS.  
 COUNTY OF LA CROSSE )  
 Personally came before me this 24<sup>th</sup> day of May, 2016, the above named Marvin Wanders to me known to be the person(s) who executed the foregoing instrument and acknowledged the same:  
Louise K Olson  
 Notary Public, La Crosse County, WI  
 My commission expires: 10/27/2017

Property Owner 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 \*\*

Tax Parcel ID #: 17-20132-15

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: \_\_\_\_\_ Date: 5-24-2016

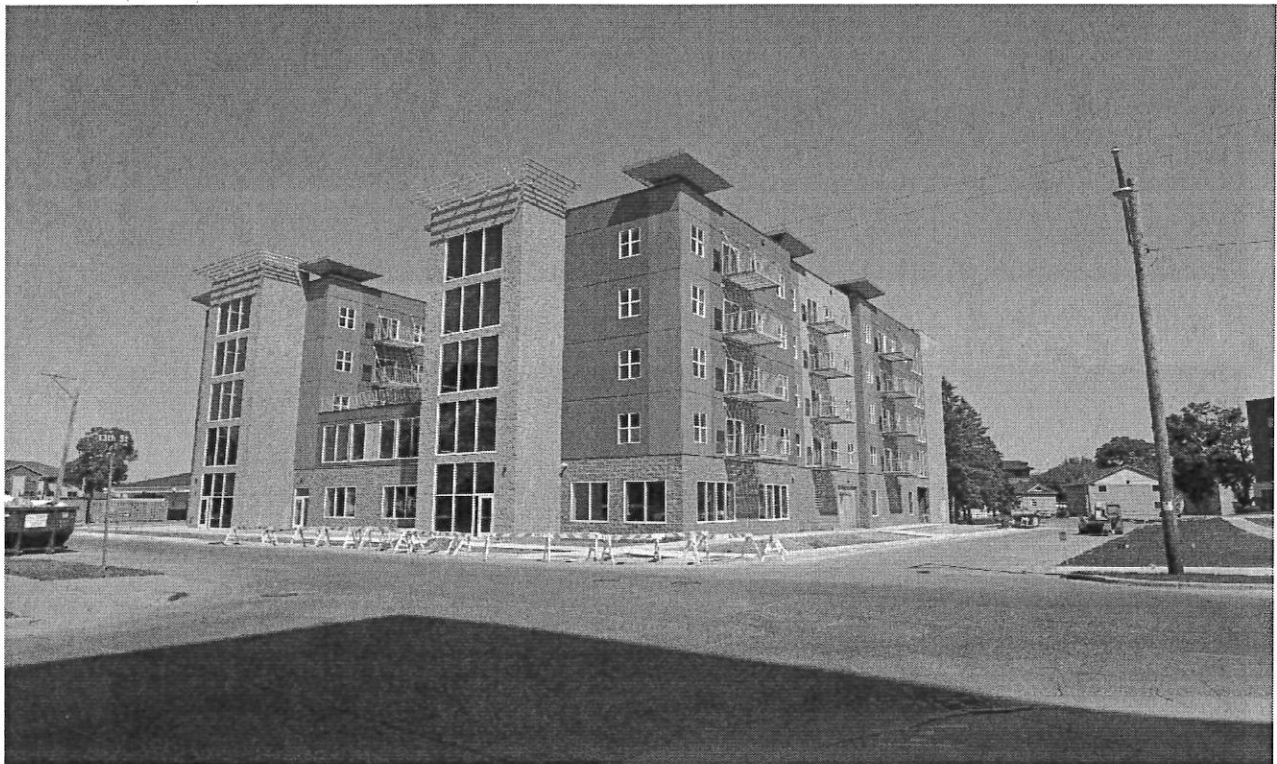
Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____ Approval Date: _____	<b>Required Items to be provided by Applicant</b>	<b>Gray Shaded Areas to be Completed by City Staff</b>
	Scale drawing of encroachment <input checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> Annual Permit Fee \$ <u>50</u> <b>All items due prior to approval</b>	<input type="checkbox"/> Special Conditions of Approval Attached <b>NON-REFUNDABLE ANNUAL PERMIT FEE</b> \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

## Aguilera

Request: To place boulevard trees at 1245 Badger Street and 500 Block of North 13<sup>th</sup> Street in the boulevard. Place outlets in the boulevard to light the trees with accent or decorative lighting. The intent is to tastefully light the trees with LED lights to beautify the neighborhood.

Additionally, the 500 Block of N 13<sup>th</sup> Street boulevard on the east side of the street, as can be seen below, does not have trees. Requesting trees in this location based on previous discussion with Housing Authority Executive Director Jane Alberts and based on discussions residents of Ping Manor who would like to have boulevard trees.



Examples of lighted boulevard trees: These examples are of much greater scope, but give a conceptual design of what we are trying to achieve.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2016

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 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).

<b>PRODUCER</b> Fleis Insurance Agency Inc. PO Box 537 1924 E. Main Street Onalaska, WI 54650 Steven J. Fleis	<b>CONTACT NAME:</b> Steven J. Fleis	
	<b>PHONE (A/C No. Ext):</b> 608-783-5206	<b>FAX (A/C No.):</b> 608-783-5209
<b>E-MAIL ADDRESS:</b> sfleis@fleisinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> State Auto Insurance		25135
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER: 1** **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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	SPP2497668	07/21/2015	07/21/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER 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)  
Retail/Habit lessors risk under construction Real Estate Development  
Property/1243 Badger St La Crosse WI 54601

### CERTIFICATE HOLDER

CITYLA1

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

### CANCELLATION

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

*Steven J. Fleis*



✱: TREES

□ = electrical Box

**LEGEND**

- FOUND 3/4" LD.P. (UNLESS NOTED)
- ⊙ FOUND P.K. NAIL
- ⊕ FOUND CHISELED "X"
- SET 3/4" X 18" IRON BAR
- TN1 TOP NUT HYDRANT
- ⊕ UTILITY POLE W/GUY WIRE
- ⊕ HYDRANT
- UGE — EXISTING UNDERGROUND ELECTRIC
- SPOT ELEVATION
- SILT FENCE
- ▨ PAVERS
- ▨ NEW CONCRETE

BASIS OF BEARING:  
LA CROSSE COUNTY  
COORDINATE SYSTEM



13th STREET TO BE BUILT BY OTHERS

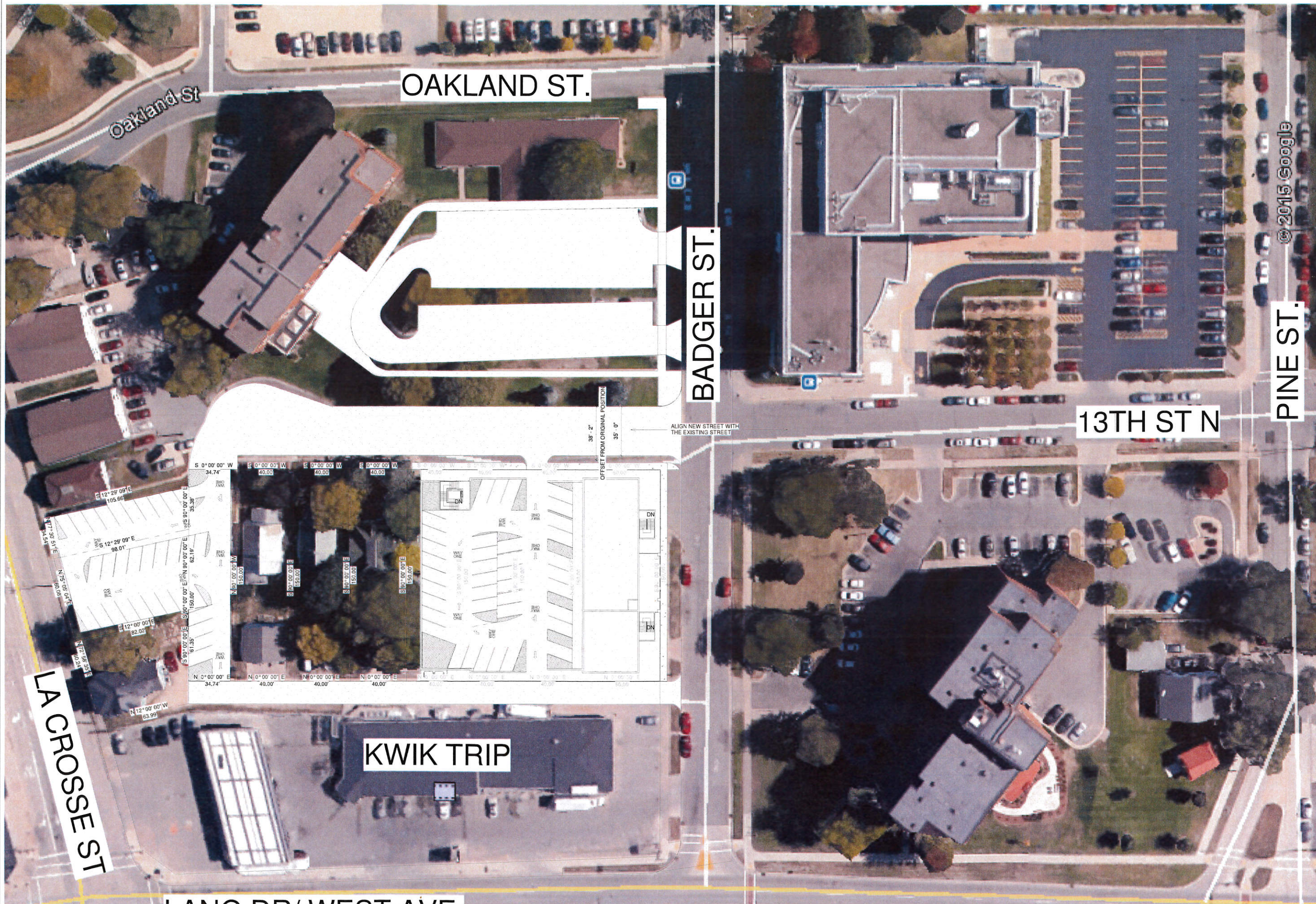
13TH STREET



**LA CROSSE ENGINEERING & SURVEYING  
COMPANY, INC.**  
1212 SOUTH 3rd STREET  
LA CROSSE, WI 54601  
PHONE:(608)782-3433  
FAX:(608)782-3452

**AGUILERA**  
CITY OF LA CROSSE  
SITE LAYOUT PLAN

rev. 6/29/2015  
DATE: 5/05/2015  
FILE:  
DRAWN BY:



OAKLAND ST.

BADGER ST.

PINE ST.

13TH ST N

LA CROSSE ST

KWIK TRIP

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I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Registered Professional Engineer in the State of Wisconsin.

Number: \_\_\_\_\_ Date: \_\_\_\_\_

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**MBA ARCHITECTS,**  
3823 Creekside Lane  
Holmen, WI 54636

608-785-2760 FAX: 608-785-2760  
http://www.mba-architects.com

PROJECT NAME:  
**360 HOUSING**

PROJECT ADDRESS:  
**13TH ST & BADGEI**

CLIENT NAME:  
**360 PROPERTIES**

PROJECT MANAGER:

DATE	CLIENT	PERMITS	CONTRACTOR	VENDOR	REVISION	COMMENTS
2/18/15						

Drawn By: **EJW** Checked By:

THIS SHEET CONTAINS:  
**SITE VIEW**

C10

