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:

	Keynalde				
Name: Connie 5.	71	ompany Name:			
Address: 2611 Suncis		10055C	State: u	27	Zip: 54601
Phone #: ()		08)485-1897		ax #:	()
Email: 105 Wrestler &	gmail. Com		-		
PROPERTY OWNER *If differe	nt from applicant				
Name: Conne		ompany Name:			
Address:	City:	6 pt 162 at 1 at 1	_State:		Zip:
Phone #: () Email:	Cell #: <u>(</u>	- particle and the second		Fax #:	()
			14 Annual Property of the Parks	-800	
ENCROACHMENT TYPE (Che	ck one): N/OVERHEAD HEATER/CANO			AND STATE	
FIRE ESCAPE/ RESCUE PL/		PY.		OR DINING	RTENANCE
□ VENDING MACHINE/NEWSE					MONITORING WELL
UNDERGROUND WIRES AN			□ воатн	OUSE/HOU	SEBOAT
☐ AUTOMATIC IRRIGATION S	YSTEM/SIDEWALK ENCROAC	HMENT	☐ OFF-PR	REMISE SIG	N N
The state of the s	for runoff wa	and the second second	is, we to		
DESCRIPTION OF ENCROACH				esired Sta	A 11
Storm send D		slab to		st. Comple	
in Alley	Maria Maria	A P	al d	ot. Comple	don Date.
CONTRACTOR/SIGN CO.:	1200	PERSON I	N CHARGE:	1	
Phone #: ()	Cell #: ()		ax #:	
For timely review, City Ordinance	requires that applications be	e submitted at least	45 days prior	to the need	for any engroachment
Notwithstanding approval of the	application, a permit is not v	alid until it is signed	l. recorded an	id compliar	nce with all other permit
conditions is verified. All necessa	ary permits from other City D	epartments must al	so be obtained	d before th	e encroachment can be
installed/erected.	ing the contract of the last problem	Marie Carlos (Constanting Constanting Cons			i fil
I authorize the applicant listed above	ing the contract of the last problem	Marie Carlos (Constanting Constanting Cons	g Adbunktors, i) (
	ing the contract of the last problem	Permit STATE OF W	ISCONSIN)	
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STATE BAR OF WISCONSIN FORM 1 - 1982 WARRANTY DEED

DOCUMENT NO. 1252679 06-02-2000 3:52 PM This Deed, made between Rosalia Kessler, a/k/a RECORDING FEE: 10.00 TRANSFER FEE: 225.00 PAGES: 1 Rosalia M. Kessler, a single person Grantor and Connie S. Kinyon, a single person VOI 1381 PAGE 920 Grantee Witnesseth, That the said Grantor, for a valuable consideration of one dollar & other good & valuable consideration THIS SPACE RESERVED FOR RECORDING DATA conveys to Grantee the following described real estate in La Crosse NAME AND RETURN ADDRESS County, State of Wisconsin: Connie Kinyon The South 20 feet of Lot 21, all of Lot 22 and 2611 Sunrise Drive the North 25 feet of Lot 23, all in Block 2 of Glendale Addition to the Town of Shelby, now La Crosse, WI 54601 in the City of La Crosse, La Crosse County, Wisconsin. 17-50120-140 PARCEL IDENTIFICATION NUMBER ____ homestead property. (K KOK) Together with all and singular the hereditaments and appurtenances thereunto belonging; Grantor And _ warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except recorded easements, state, county and municipal zoning, use and building rules, regulations, codes, laws and ordinances and will warrant and defend the same. June day of ____ asaka M Kersler Rosalia M. Kessler __ (SEAL) _ (SEAL) ACKNOWLEDGMENT AUTHENTICATION State of Wisconsin, La Crosse Personally came before me this _ authenticated this _____ day of _ WORMA L. PIE NORMA L. PIER Rosalia N. Kessler (If not, authorized by \$706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY
Francis D. Papenfuss

atures may be and TITLE: MEMBER STATE BAR OF WISCOSSIN 🕻 to me known to be the person ___ who executed the foregoing instraingh and acknowledge the same forma Norma Notary Public, La Crosse County, Wis. My commission is permanent (If not, state expiration date: (Signatures may be authenticated or acknowledged. Both are not Names of persons signing in any capacity should by typed or printed below their signatures.

STATE BAR OF WISCONSIN Form No. 1 - 1982

Wisconsin Legal Blank Co., Inc. Milwaukee, Wis.

DEBORAH J. FLOCK REGISTER OF DEEDS LA CROSSE COUNTY



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/10/2015

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.

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Ray Saint Ins & Fin Svcs Inc. StateFarm 932 Wisconsin Ave			PHONE	PHONE (A/C, No, Ext): 608-375-4172 FAX (A/C, No): 608-375-4174							
			E-MAIL .								
,	8	Bosco	bel, WI 53805		PRODUCER CUSTOMER ID:	PRODUCER					
					COSTOMEN ID.	INSURFRISA AFEC	NO COLOR	IG COVERAGE		7	
INSURED		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company					25143				
Connie Kinyon			INSURER B :								
2611 Sunrise Dr La Crosse, WI 54601-7474				INSURER C:							
			INSURER D :								
					INSURER E : INSURER F :						
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-	BASIC		BUILDING	1	8		X	PERSONAL PROPERTY	\$	118,050	
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i.	EARTH	IQUAKE		49-CJ-4761-2	06/01/2014	06/01/2015		RENTAL VALUE	\$		
-	WND			-				BLANKET BUILDING	\$		
	FLOOD			-				BLANKET PERS PROP	\$		
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ECIAL he cit	ondition	ons/oth Crosse is	er coverages (a s an additional i	stach ACORD 101, Additional Remarks Schonsured regarding the drain only on	edute, if more space is require the city's property.	d)		***			
ERTI	FICATE	HOLD	ER		CANCELLATIO	ON					
City of La Crosse 400 La Crosse St La Crosse, Wi 54601			ACCORDANCE	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							
					_ Lhau	1995-2009 ACO	RD	CORPORATION.	All right	To recognized	