

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 Ernie H. Reynolds
 Name: Connie S. Kinyon Company Name: _____
 Address: 2611 Sunrise Dr City: LaCrosse State: WI Zip: 54601
 Phone #: () Cell #: (608)485-1897 Fax #: ()
 Email: 105wrestler@gmail.com

PROPERTY OWNER *If different from applicant
 Name: Connie 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 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 checked="" type="checkbox"/> OTHER: <u>Drain for runoff water</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Run Drain Pipe From Parking slab to new Storm sewer Drain During Construction in Alley

Desired Start Date: During Ally const.
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: _____ **PERSON IN CHARGE:** _____
 Phone #: () 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 _____ day of _____, 20____, the above named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

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 #: _____ Notary Public, _____ County, _____
 My commission expires: _____

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: _____

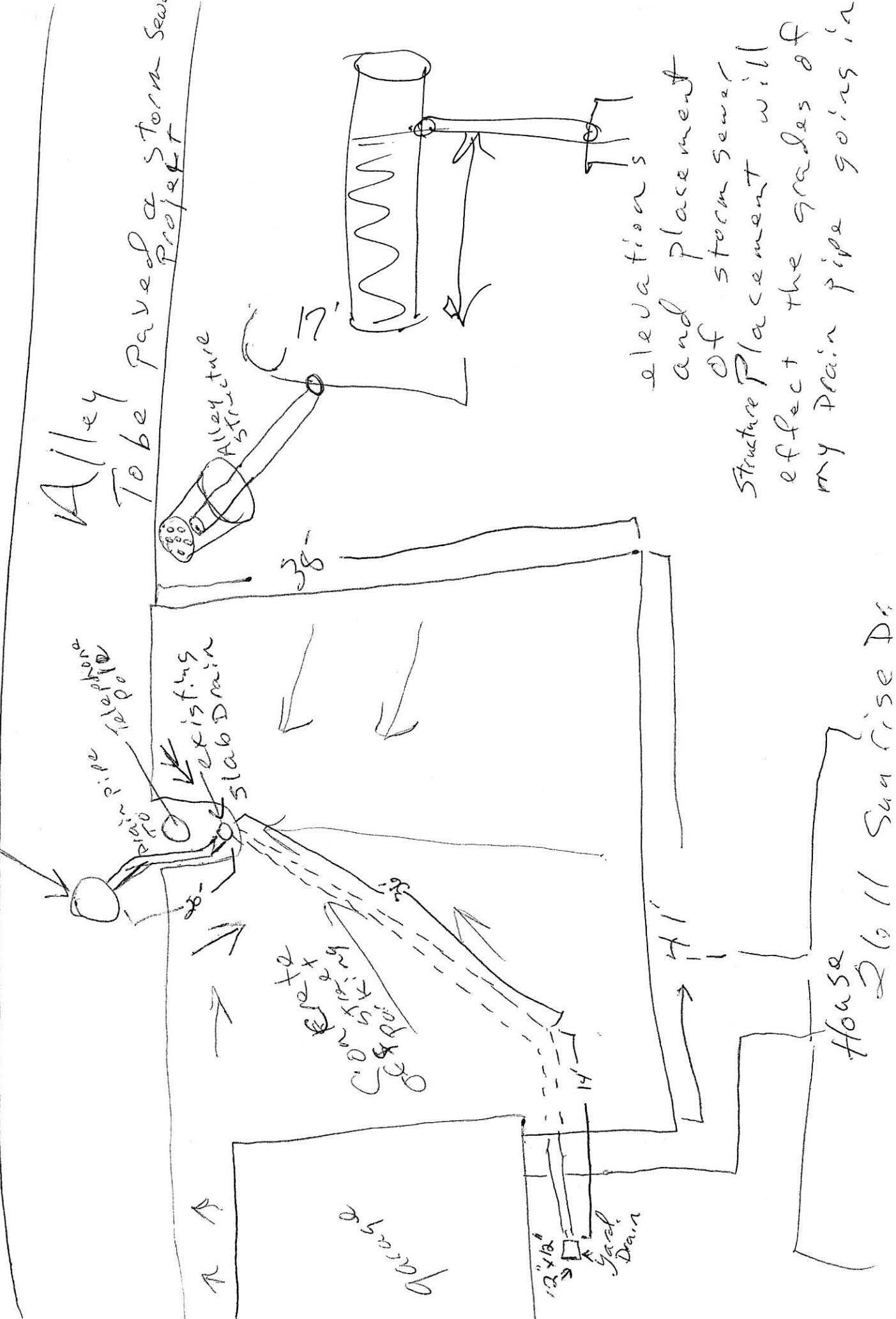
Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when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

Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input checked="" type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached
	Legal Description <input checked="" type="checkbox"/>	NON-REFUNDABLE ANNUAL PERMIT FEE
	Certificate of Insurance <input checked="" type="checkbox"/>	\$100 Payable to City Treasurer (See fee schedule)
	Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/>	Check # <u>3130</u> Date Received: <u>4/21/15</u>
	Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/>	
	All items due prior to approval	

2611 Sunrise Dr.
Ernie Reynolds

Proposed Drain
System
by

Alley
To be Paved a Storm Sewer
Project



elevations
and placement
of storm sewer
Structure Placement will
effect the grades of
my drain pipe goes in

STATE BAR OF WISCONSIN FORM 1 - 1982
WARRANTY DEED

DOCUMENT NO.

DEBORAH J. FLOCK
REGISTER OF DEEDS
LA CROSSE COUNTY

1252679

06-02-2000 3:52 PM

RECORDING FEE: 10.00
TRANSFER FEE: 225.00
PAGES: 1

This Deed, made between Rosalia Kessler, a/k/a
Rosalia M. Kessler, a single person

_____, Grantor,
and Connie S. Kinyon, a single person

_____, Grantee,
Witnesseth, That the said Grantor, for a valuable consideration of one
dollar & other good & valuable consideration
conveys to Grantee the following described real estate in La Crosse
County, State of Wisconsin:

The South 20 feet of Lot 21, all of Lot 22 and
the North 25 feet of Lot 23, all in Block 2
of Glendale Addition to the Town of Shelby, now
in the City of La Crosse, La Crosse County,
Wisconsin.

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THIS SPACE RESERVED FOR RECORDING DATA
NAME AND RETURN ADDRESS

Connie Kinyon
2611 Sunrise Drive
La Crosse, WI 54601

17-50120-140
PARCEL IDENTIFICATION NUMBER

This is _____ homestead property.
(is) (~~is not~~)

Together with all and singular the hereditaments and appurtenances thereunto belonging;
And Grantor

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.

Dated this 15th day of June, 192000

* _____

* _____
(SEAL) Rosalia M Kessler (SEAL)
* Rosalia M. Kessler (SEAL)

* _____

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) _____

State of Wisconsin,

La Crosse County, } ss.

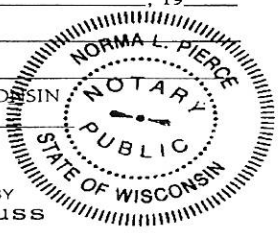
15th

authenticated this _____ day of _____, 19 _____

Personally came before me this _____ day of _____

Rosalia M. Kessler the above named

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by §706.06, Wis. Stats.)



THIS INSTRUMENT WAS DRAFTED BY
Francis D. Papenfuss

to me known to be the person _____ who executed the foregoing
instrument and acknowledge the same.

Norma L. Pierce
* Norma L. Pierce
Notary Public, La Crosse County, Wis.

My commission is permanent. (If not, state expiration date:
2-9, 192003)

(Signatures may be authenticated or acknowledged. Both are not
necessary.)

* Names of persons signing in any capacity should be typed or printed below their signatures.




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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Ray Saint Ins & Fin Svcs Inc. StateFarm 932 Wisconsin Ave  Boscobel, WI 53805	CONTACT NAME: Whitney Stitzer PHONE (A/C, No, Ext): 608-375-4172 E-MAIL ADDRESS: whitney@agentray.biz PRODUCER CUSTOMER ID:	FAX (A/C, No): 608-375-4174
	INSURED Connie Kinyon 2611 Sunrise Dr La Crosse, WI 54601-7474	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Farm Fire and Casualty Company		25143
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2611 Sunrise Dr La Crosse, WI 54601-7474

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<input checked="" type="checkbox"/>	PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ 157,400
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 118,050
	DEDUCTIBLES				BUSINESS INCOME	\$
	BASIC				EXTRA EXPENSE	\$
	BROAD				RENTAL VALUE	\$
<input checked="" type="checkbox"/>	SPECIAL	49-CJ-4761-2	06/01/2014	06/01/2015	BLANKET BUILDING	\$
	EARTHQUAKE				BLANKET PERS PROP	\$
	WIND				BLANKET BLDG & PP	\$
	FLOOD				<input checked="" type="checkbox"/> personal liability	\$ 300,000 each oc
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	NAMED PERILS					\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The city of La Crosse is an additional insured regarding the drain only on the city's property.

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

Ray Saint WS

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