

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: GEARY LEE MILLER Company Name: _____
 Address: 1704 SOUTH 21ST City: LA CROSSE State: WI Zip: 54601
 Phone #: (608) 498 5589 Cell #: () Fax #: ()
 Email: GEMSTARWEB@YAHOO.COM

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 type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input checked="" 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:
Ret. Bone Slough Sidewalk #27

Desired Start Date: _____
 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: Geary Miller

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 #: 17-80202-017 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"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>1200</u> <input checked="" type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ <u>1250</u> Payable to City Treasurer (See fee schedule) Check # <u>CASH</u> Date Received: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/23/2015

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.

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).

PRODUCER Townsend Associates 3629 C MORMON COULEE RD LA CROSSE WI 54601		CONTACT NAME: Producer HOUSE PHONE (A/C, No, Ext): (608) 788-4258 FAX (A/C, No): (608) 788-3488 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: West Bend Mutual	14303A
INSURED GEARY L MILLER 1704 21ST ST S LA CROSSE WI 54601-6506		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1562300003 **REVISION NUMBER:**

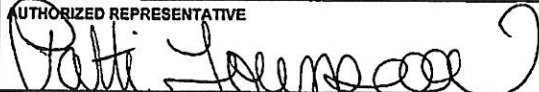
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	HHT 6806279	5/23/2015	5/23/2016	EACH OCCURRENCE \$ 300000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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	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)

27 Pettibone Slough - La Crosse WI

CERTIFICATE HOLDER *3 additional insured* **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 
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