

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: Roy Brock Company Name: Five Star Telecom Inc
 Address: 5136 Mormon Coulee Rd City: LaCrosse State: WI Zip: 54601
 Phone #: (608) 796-9088 Cell #: (608) 769-7471 Fax #: (608) 519-3599
 Email: RBrock@5startel.com

PROPERTY OWNER *If different from applicant
 Name: Kwik Trip Inc Company Name: KwikTrip Inc
 Address: 1626 Oak St City: LaCrosse State: WI Zip: 54601
 Phone #: (608) 781-8988 Cell #: (608) 780-9466 Fax #: (608) 781-8950
 Email: CSerauskas@kwiktrip.com

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>Installing communication cable</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Along Cunningham St, Larson St, and Palace St. Also Crossing Kwiktrip way at the bend by the KWIKTRIP Lab

Desired Start Date: 11/14/17
 Est. Completion Date: 11/22/17

CONTRACTOR/SIGN CO.: Steiger Construction **PERSON IN CHARGE:** Scott Schieffer
 Phone #: (608) 788-4233 Cell #: (608) 780-0253 Fax #: (608) 788-4303

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 8th day of November, 2017, the above named Chuck Serauskas to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: [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 **

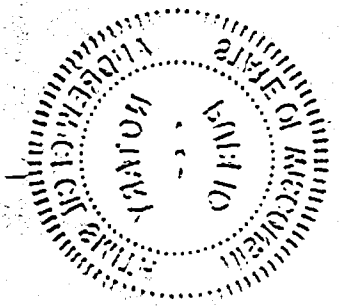
Tax Parcel ID #: 17-10307-35
 Notary Public, 206310 County, La Crosse
 My commission expires: 10/30/2018

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: [Signature] Date: 11/8/17

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 type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</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>100</u> Payable to City Treasurer (See fee schedule) Check # <u>41762</u> Date Received: <u>11/9/17</u>





STEICON-01

PKOWAL

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
11/8/2017

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 TRICOR, Inc. - Onalaska 1844 E Main Street Onalaska, WI 54650	CONTACT NAME: Pamela Kowal, CISR	
	PHONE (A/C, No, Ext): (608) 567-2252 6457	FAX (A/C, No): (608) 723-6440
E-MAIL ADDRESS: pkowal@tricorinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Integrity Insurance		12986
INSURED Steiger Construction Inc 2812 S 28th St La Crosse, WI 54601	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	

COVERAGES**CERTIFICATE NUMBER:****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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CPP1221151	04/01/2017	04/01/2018	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA 1221152	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP1221149	04/01/2017	04/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP1221150	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of La Crosse is included as an Additional Insured on the general liability policy.

CERTIFICATE HOLDER**CANCELLATION**

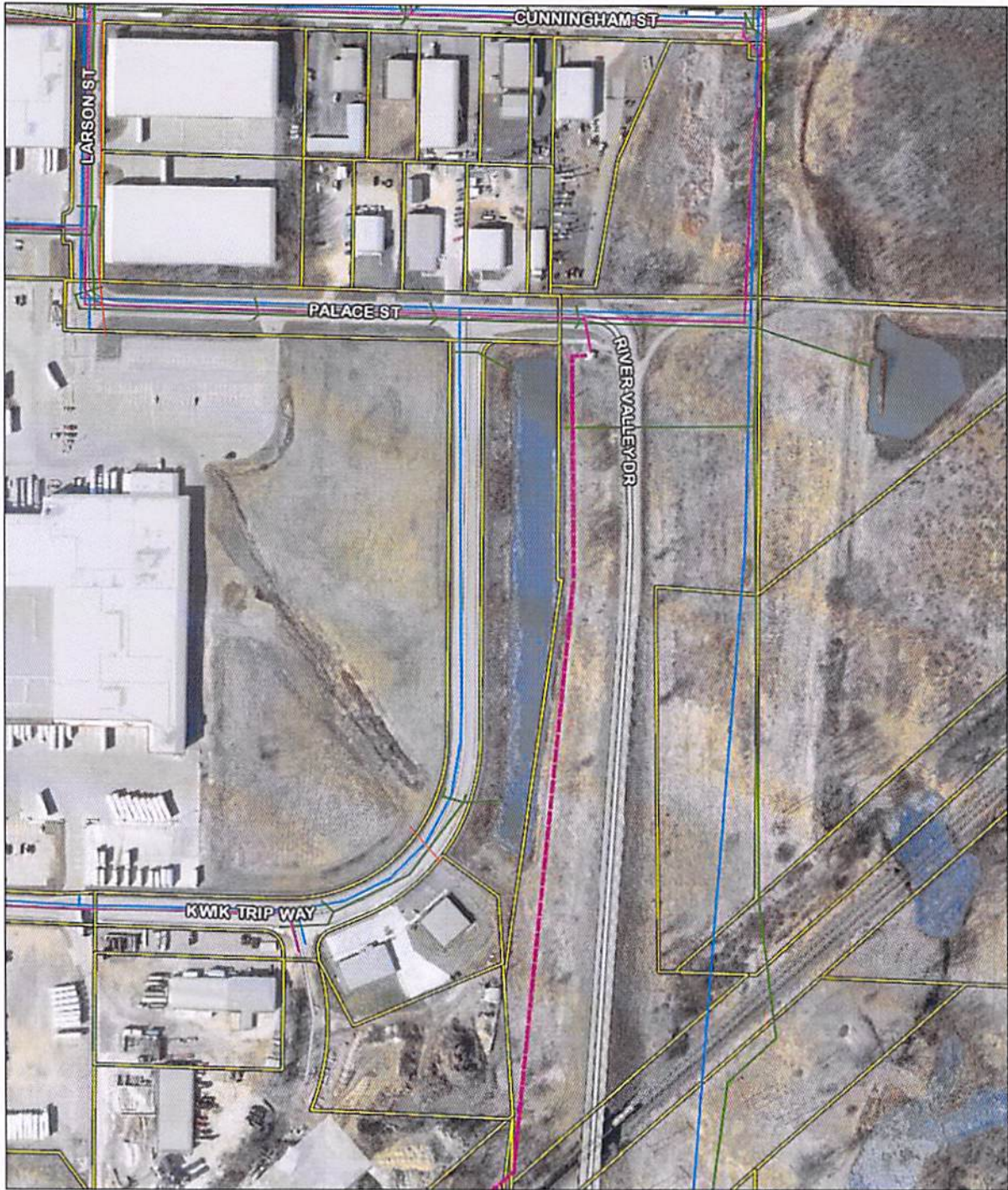
City of La Crosse Engineering Dept
 400 La Crosse St
 La Crosse, WI 54601

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

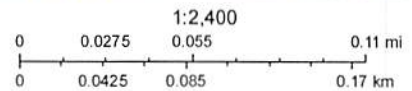
Chris Lee

City of La Crosse Infrastructure



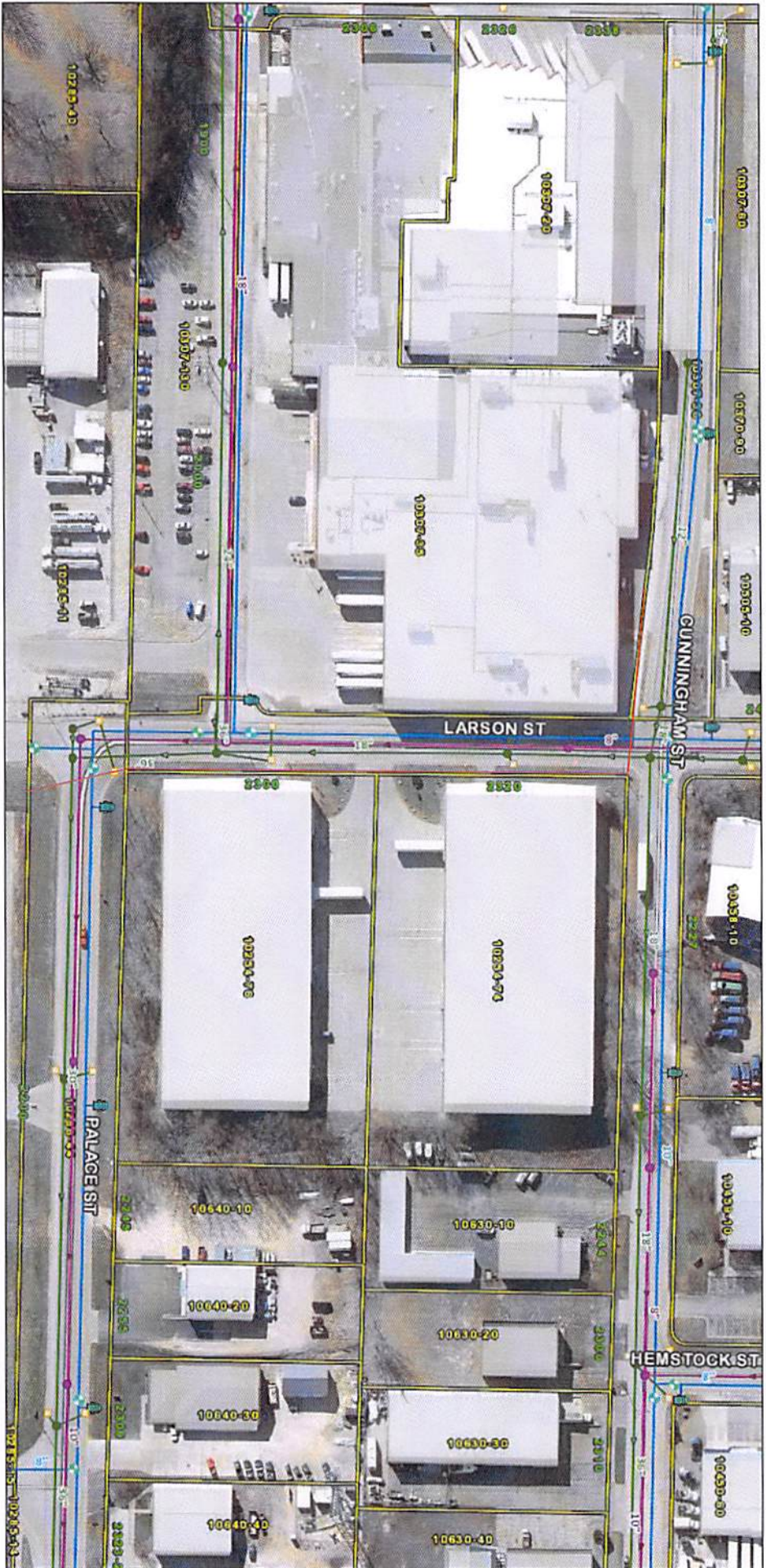
October 9, 2017

- | | |
|----------------------------------|------------------------|
| Interstate | Water Main |
| US Highways - Hwy 14-61 | Tax Parcels - Labels |
| US Highways - Hwy 53 | Tax Parcels |
| US Highways - Hwy 61 Shield Only | PK-12 School Locations |
| State Highway | PK-12 Campuses |
| County Highways | |
| Ramp | |
| Local Roads - Arterial | |
| Local Roads - Collector | |
| Local Roads - Other | |
| Private Roads | |
| Sanitary Main | |
| Sanitary Force Main | |
| Storm Main | |



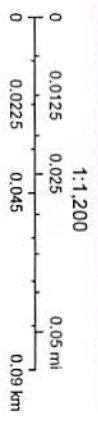
La Crosse County, City of La Crosse
 La Crosse County, Ayres Associates, WROC
 La Crosse County

City of La Crosse Infrastructure



October 9, 2017

- Interstate
- US Highways - Hwy 14-61
- US Highways - Hwy 53
- US Highways - Hwy 61 Shield Only
- State Highway
- County Highways
- Ramp
- Local Roads - Arterial
- Local Roads - Collector
- Local Roads - Other
- Local Roads
- Private Roads
- Sanitary Manhole
- Sanitary Man Flow Arrow
- Sanitary Man
- Sanitary Force Main
- Sanitary Lift Station
- Sanitary Man Force Flow Arrow
- Storm Manhole
- Storm Catchbasin
- Storm Outfall
- Storm Sewer Flow Arrow
- Storm Sewer Lintation
- Storm Main
- Water Valves
- Fire Hydrants
- Pipe - Hydrant to Water Main
- Water Main
- Tax Parcels - Labels
- Tax Parcels
- PK-12 School Locations
- PK-12 Campuses



La Crosse County, City of La Crosse
 La Crosse County, Ayles Associates, WROC
 La Crosse County