

On State Highway?:

Yes No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Public Works Department - Phone: (608)789-7599

http://www.cityoflacrosse.org

Permit Number:

#

APPLICANT

Name: JOSH & MARY LARSON Company Name: FULL CIRCLE SUPPLY
Address: 521 MAIN ST. City: LACROSSE State: WI Zip: 54601
Phone #: () Cell Phone #: () Fax #: () Email: _____

PROPERTY OWNER *If different from applicant

Name: KARL SCHILLING Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: 608 781-8111 Cell Phone #: 608 317-4481 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 type="checkbox"/> OTHER: _____ | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:

INSTALL A 17' WIDE X 6' HIGH X 4' DEEP AWNING ON STORE FRONT

Desired Start Date: IMMEDIATELY

Est. Completion Date: NOV 1, 2014

CONTRACTOR/SIGN CO.: LA CROSSE TENT & AWNING PHONE: (608) 781-1946 FAX: (608) 783-9522

PERSON IN CHARGE OF WORK: LARRY SLOGGY CELL PHONE: (608) 536-5996

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.

STATE OF WISCONSIN)

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse

) ss.

COUNTY OF LA CROSSE)

Property Owner Signature: _____
A signed letter from the property owner or management company may be used in lieu of this signature **

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.

Signature of Property Owner must be notarized **

Notary Public, La Crosse County, WI

My commission expires: _____

Tax Parcel ID #:

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:

Larry Sloggy

Date: 10-23-14

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Board of Public Works, Public Works Department, 400 La Crosse Street, 5th Floor, La Crosse, WI 54601, With questions, please contact Public Works at (608) 789-7599. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By:

Required items to be provided by Applicant:

Gray Shaded Areas to be Completed by City Staff

- Scale drawing of encroachment
- Legal Description
- Certificate of Insurance
- Initial Application Fee \$ 50
- Annual Permit Fee \$ 50

Special Conditions of Approval Attached

NON-REFUNDABLE ANNUAL PERMIT FEE

\$ _____ Payable to City Treasurer (See fee schedule)

Check #: _____ Date Received: _____

Approval Date:

All items due prior to approval

AWNING @ 521 MAIN ST.

SIZE = 17'-0" WIDE x 6'-0" HIGH x 4'-0" PROJECTION

ELEVATION = 9'-0"



17'-0"

SCALE = 3/8" = 1' APPROX

Eco-Friendly Boutique



9'-0"

6'-0"

GRAPHICS = 48" ROUND LOGO = 12.5 SQ FT
LETTERING = 5.3" HIGH x 4'-6" LONG = 2 SQ FT

14.5 SQ FT TOTAL

Document Number

QUIT CLAIM DEED

1383823

LACROSSE COUNTY REGISTER OF DEEDS DEBORAH J. FLOCK

RECORDED ON 01/16/2004 04:14PM

REC FEE: 11.00 TRANSFER FEE: EXEMPT #: 77.25(15S)

PAGES: 1

This Deed, made between R.W. & H.L. Schilling Revocable Trust, Schillings Joint Revocable Trust of 1997, and Karl J. Schilling Grantor, and Schilling Bros., Limited Liability Partnership Grantee.

Grantor quit claims to Grantee the following described real estate in La Crosse County, State of Wisconsin: (if more space is needed, please attach addendum): All of Lot 5 in Central Addition to the City of La Crosse, La Crosse County, Wisconsin.

Lots 5 and 6 in Block 2 of T.Burns, G. Farnam, and P. Burns Addition to the City of La Crosse, La Crosse County, Wisconsin.

Together with all appurtenant rights, title and interests.

Dated this 12th day of January 2004. Schilling Joint Revocable Trust of 1997

* John P. Schilling, Trustee

154 Recording Area

Name and Return Address Gerard O'Flaherty Parke O'Flaherty, Ltd. 201 Main Street P.O. Box 1147 La Crosse, WI 54601

17-20037-060 17-20037-070 17-20165-040

Parcel Identification Number (PIN)

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

R.W. & H.L. Schilling Revocable Trust Robert W. Schilling Karl J. Schilling Individually

AUTHENTICATION

Signature(s) Robert W. Schilling, John P. Schilling, Karl J. Schilling authenticated this 12th day of January 2004

* Gerard O'Flaherty

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

THIS INSTRUMENT WAS DRAFTED BY

Gerard O'Flaherty Parke O'Flaherty, Ltd. (Signatures may be authenticated or acknowledged. Both are not necessary.)

ACKNOWLEDGMENT

STATE OF WISCONSIN)) ss. Personally came before me this day of the above named

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

* Notary Public, State of Wisconsin My Commission is permanent. (If not, state expiration date:)

*Names of persons signing in any capacity must be typed or printed below their signature.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2014

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 Westland Insurance-Onalaska 1844 E Main St Onalaska, WI 54650 Dustin Frost	CONTACT NAME: Dustin Frost PHONE (A/C, No, Ext): 608-784-2775 FAX (A/C, No): 608-374-5303 E-MAIL ADDRESS: dustin.frost@westlandinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED	NAIC #
Full Circle Supply Mary Larson dba 521 Main St La Crosse, WI 54601	INSURER A : Acuity 14184 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Z05948	10/18/2014	10/18/2015	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 - COM/OP AGG \$ 2,000,000 \$
	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)

City of La Crosse is listed as additional insured on the general liability policy.

CERTIFICATE HOLDER**CANCELLATION**

LACR-42 City of La Crosse 400 La Crosse St LaCrosse, WI 54602	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 Dustin Frost
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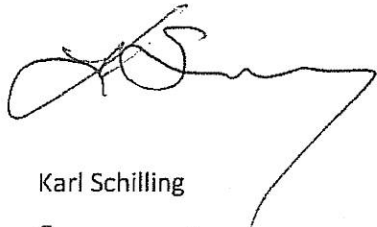
Schilling Brothers LLP
PO Box 2132
LaCrosse, WI 54602

10/23/14

To Whom it may concern,

I authorize Joshua and Mary Larson of Full Circle Supply to apply for a street privilege permit through the city of LaCrosse.

Sincerely,



Karl Schilling

Signed before me
Hawson Th
10/23/14
La Crosse, WI

Ex/ 8-4-2018