



REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org <http://cityoflacrosse.org>

Property Owner: JPV Properties LLC
Address: PO Box 739 City: Delano State: MN Zip: 55328
Phone # _____ Email Address _____

Application Preparer (if different from above) La Crosse Sign Group
Relationship with Owner: Sign Contractor
Phone # 608-781-1450 Email Address theresa.besse@lacrossesign.com

Description of Proposed Encroachment:

Projecting sign over side walk using existing mounting arm

Encroachment Address(es):

221 Pearl St., La Crosse, WI 54601

Benefiting Tax Parcel ID #(s):

17-20015-60

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 covered by an approved permit with diligence and convenience to the public.

Signature of Owner : _____ Date: _____
Print Name and Title: _____

Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. **Average completion time for validation 45 days.**

BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY

Required items to be provided by Applicant:

- Scale Drawing of encroachment on letter size paper(s)
- Legal Description of benefiting parcel(s)
- Certificate of Insurance (City as additional Insured)
- Initial Application / Annual Fee \$ _____
- City Utility Potential Conflict Notification and Sign-Off

Board of Public Works

Approval Date:

Encroachment Type:

Permit Number:

All Fees are Non-Refundable & Subject to change by City Council



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Signature of Owner : [Signature] Date: 10/2/24
Print Name and Title: Verold Vlaminck Chief Sign & PV Regulator LLC

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**CITY OF LA CROSSE
ENGINEERING DEPARTMENT
400 LA CROSSE ST
LA CROSSE, WI 54601-3396
PHONE: 608-789-7505**

Email: Engineering@cityoflacrosse.org

Revocable Occupancy Street Privilege Permit Factsheet

See Municipal Code Sec. 40-106 for complete information

- When is a permit needed?
 - Anytime there is a long term (Over 89 days) Encroachment into City's Right of Way
- Cost
 - Most encroachments are \$100 initial fee plus \$50 annual renewal fee or as modified by City Council.
 - Off-premise Signs, News boxes, Vending machines and boathouse fees vary.
 - Telecommunications company fees vary.
- Application Process averages 45 days for approval.
- Bond
 - Bonds may be required as directed by the Board of Public Works
- Insurance
 - Must Carry Minimum Liability and Contractual Liability Insurance in the amount of \$100,000.00 each person, \$300,000.00 each accident for bodily injury and \$100,000.00 for property damage for the duration of the permit and file annually with the City of La Crosse Engineering Department.
 - Insurance must name the City of La Crosse as additional insured.
- Misc.
 - Must comply with Municipal Code Sec. 40-106.
 - All Street privilege permits expire January 1st each year and must be renewed with annual fee, renewal form and updated insurance.
 - Permittee is obligated to remove encroachment upon ten days' notice by the City of La Crosse for any reason.
- Procedure to obtain permit:
 - Submit application, initial fee, insurance certificate, legal description of benefiting property and scale drawing of encroachment
 - Obtain Board of Public Works approval (may require your appearance for explanation of reason for encroachment).



PEARL STREET GALLERY
221 PEARL STREET
LACROSSE WI, 54601

Project
VARIOUS SIGNS.

Consultant Design Art
BILL RUPP MICHAEL V JOLIN

VARIOUS SIGN CONCEPTS.

Color Key

①

②

Job Number
125719

Creation Date
6/12/2024

Revision Date Revision Number
6/12/2024 1

File Path

Approved by: _____ Date: _____ Landlord: _____ Date: _____

*Colors on sketch are only a representation, actual color of finished product may differ from this sketch.

*To make the best use of standard sized materials and control costs the size of the finished product may vary slightly.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/24

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 KIM L BROWN INC PO Box 25407 Woodbury, MN 55125	CONTACT NAME: Kim L Brown PHONE (A/C No. Ext): (651) 730-9803 E-MAIL ADDRESS: kim@klbins.com	FAX (A/C, No): (651) 578-2427
	INSURER(S) AFFORDING COVERAGE	
INSURED JPV Properties LLC PO Box 739 Delano MN 55328	INSURER A : Novus Underwriters, Inc.	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CP 1840586	02/27/24	02/27/25	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 0
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Additional Insured:
City of La Crosse
400 La Crosse Street
La Crosse, WI 54601
Permit Numbers 1599 and 1998

CERTIFICATE HOLDER**CANCELLATION**

City of La Crosse
attn: Engineering Dept
400 La Crosse Street
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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