

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: TERRY D. BAIER Company Name: FIRST EV. LUTHERAN SCHOOL  
 Address: 520 WEST AVE SOUTH City: LACROSSE State: WI Zip: 54601  
 Phone #: (608) 790 2416 Cell #: (608) 790 2416 Fax #: ( )  
 Email: TBAIER@CHARTER.NET

**PROPERTY OWNER** \*If different from applicant  
 Name: FIRST EV. LUTHERAN CHURCH Company Name: \_\_\_\_\_  
 Address: 400 WEST AVE SOUTH City: LACROSSE State: WI Zip: 54601  
 Phone #: (608) 784 1050 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 checked="" type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
NEW ENTRANCE/PARKING SIGN TO BE INSTALLED  
ON BLVD AT ENTRANCE TO OUR PARKING LOT OFF  
DIVISION ST. JUST EAST OF 1110 DIVISION ST.

Desired Start Date: \_\_\_\_\_  
 Est. Completion Date: \_\_\_\_\_

**CONTRACTOR/SIGN CO.:** LACROSSE SIGN **PERSON IN CHARGE:** ADRIAN KIRCHNER  
 Phone #: (608) 781-1450 Cell #: ( ) Fax #: (608) 781-1451

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 4th day of August 2015, the above named Terry D Baier to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: Terry D Baier

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 \*\*

Rebecca J Martin  
 Notary Public, Lacrosse County, WI  
 My commission expires: 10/11/15

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: \_\_\_\_\_ 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: _____	<b>Required items to be provided by Applicant</b>	<b>Gray Shaded Areas to be Completed by City Staff</b>
	Scale drawing of encroachment <input type="checkbox"/> Legal Description <input checked="" 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"/> <b>All items due prior to approval</b>	<input type="checkbox"/> Special Conditions of Approval Attached <b>NON-REFUNDABLE ANNUAL PERMIT FEE</b> \$ <u>100</u> Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____



857064

V.L. 574 PAGE 187

MAY 7 1976

RECORDED

AT 2:50 P. M.

EVERETTE B. RUNGE  
REGISTER OF DEEDS  
La Crosse County  
Wisconsin

RETURN TO

This Deed, made between Maude E. Canfield a/k/a  
Maud E. Canfield a/k/a Essie F. Canfield

and First Evangelical Lutheran Congregation Grantor

Witnesseth, That the said Grantor for a valuable consideration, \$1.00 and  
other good and valuable consideration

conveys to Grantee the following described real estate in La Crosse County,  
State of Wisconsin; subject to the express reserva-  
tion by Grantor of a life estate, with full  
right of possession and occupancy in said real  
property so long as Grantor shall live and  
possession shall be surrendered to Grantee upon  
the death of Grantor.

Tax Key #.....  
This is not homestead property.

The East 40 feet of the West 80 feet of Lots 7 and 8 in Block 9  
of Clinton & Rublee's Addition to the City of La Crosse, together  
with an easement for driveway purposes over the West 3.5 feet of  
the property immediately adjacent on the East.

TRANSFER  
\$21.50  
FEE

Together with all and singular the hereditaments and appurtenances therunto belonging or in any wise appertaining:

And Maude E. Canfield  
warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except building restric-  
tions, easements of record, taxes accrued for the current year,  
and the life estate reserved hereby

and will warrant and defend the same.  
Executed at La Crosse, Wisconsin this 29 day of April, 1976

SIGNED AND SEALED IN PRESENCE OF

Maude E. Canfield (SEAL)  
Maude E. Canfield

\_\_\_\_\_) \_\_\_\_\_ (SEAL)  
\_\_\_\_\_) \_\_\_\_\_ (SEAL)  
\_\_\_\_\_) \_\_\_\_\_ (SEAL)

Signatures of Maude E. Canfield

authenticated this 29 day of April, 1976

W. E. Meyer  
W. E. Meyer, Attorney

Title: Member State Bar of Wisconsin or Other Party  
Authorized under Sec. 706.06 viz. \_\_\_\_\_

STATE OF WISCONSIN

County. } ss.

Personally came before me, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
the above named \_\_\_\_\_

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

THIS INSTRUMENT WAS DRAFTED BY \_\_\_\_\_

W. E. Meyer, Attorney

The use of witnesses is optional.

Notary Public, \_\_\_\_\_ County, Wis.

My commission (expires) (is) \_\_\_\_\_

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

1450 Oak Forest Drive  
P.O. Box 187  
Onalaska, WI 54650  
Phone (608) 781-1450  
Fax (608) 781-1451



**MAKE A STATEMENT!**

## PROPOSAL

Proposal No. 86291

Date: 08/06/15

Proposal Submitted To:  
FIRST EVANGELICAL LUTHERAN SCHOOL  
Attn: MATTHEW MEITNER

520 WEST AVE N  
LA CROSSE, WI 54601

Phone: 6087841050

Fax:

Job Name and Address:  
FIRST EVANGELICAL LUTHERAN SCHOOL

520 WEST AVE N  
LA CROSSE, WI 54601

We hereby submit specifications and estimates for: 24x48 polymetal sign

La Crosse Sign Company to provide the following upon the acceptance of this proposal.

Provide and install (1) one 24" high x 48" wide single-sided white polymetal sign with radius corners. The sign will be decorated with burgundy and black cut vinyl as well as a printed logo (artwork supplied by customer) and then installed onto (2) two new 8' U-channel posts in the boulevard.

Copy: First Ev. Lutheran School (burgundy vinyl)

Logo (digitally printed vinyl)

Main Entrance and Parking with an arrow pointing to the left (black vinyl)

Call Terry Baier when quote is ready 790-2416.

Investment: \$ 830.00\*

- \* Pricing is subject to review after acceptance of final project specifications and artwork.
- \* Pricing does not include applicable tax, permit or permit acquisition fees.

**CUSTOMER IS RESPONSIBLE FOR ALL PERMIT COSTS.**

**ALL ILLUMINATED SIGNS WILL BE 120 VOLT, UNLESS OTHERWISE SPECIFIED AND QUOTED.**

**FINAL ELECTRICAL HOOK-UP BY CUSTOMER.**

**ALL PRICES ARE PLUS APPLICABLE SALES TAX**

We hereby proposed to furnish labor and materials – complete in accordance with the above specifications, for the sum of: \$ 830.00

Terms: 50% down, balance 1%-10 / net 30 with Approved Credit

**A FINANCE CHARGE, maximum according to law, will be made on all amounts owed over 30 days.**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon orders, and will become an extra charge over and above the estimate. It is also agreed that if any unforeseen extra costs, such as other than ideal excavating conditions, are encountered, such extra costs will be added to this estimate on a time and material basis. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance to cover his own properties. Our workers are covered by Worker's Compensation and Public Liability insurance.

Authorized Signature: \_\_\_\_\_  
ADRIAN KIRCHNER

Note: This proposal may be withdrawn by us if not accepted within 10 days.  
WI. BUILDING CONTRACTOR REGISTRATION #1104371

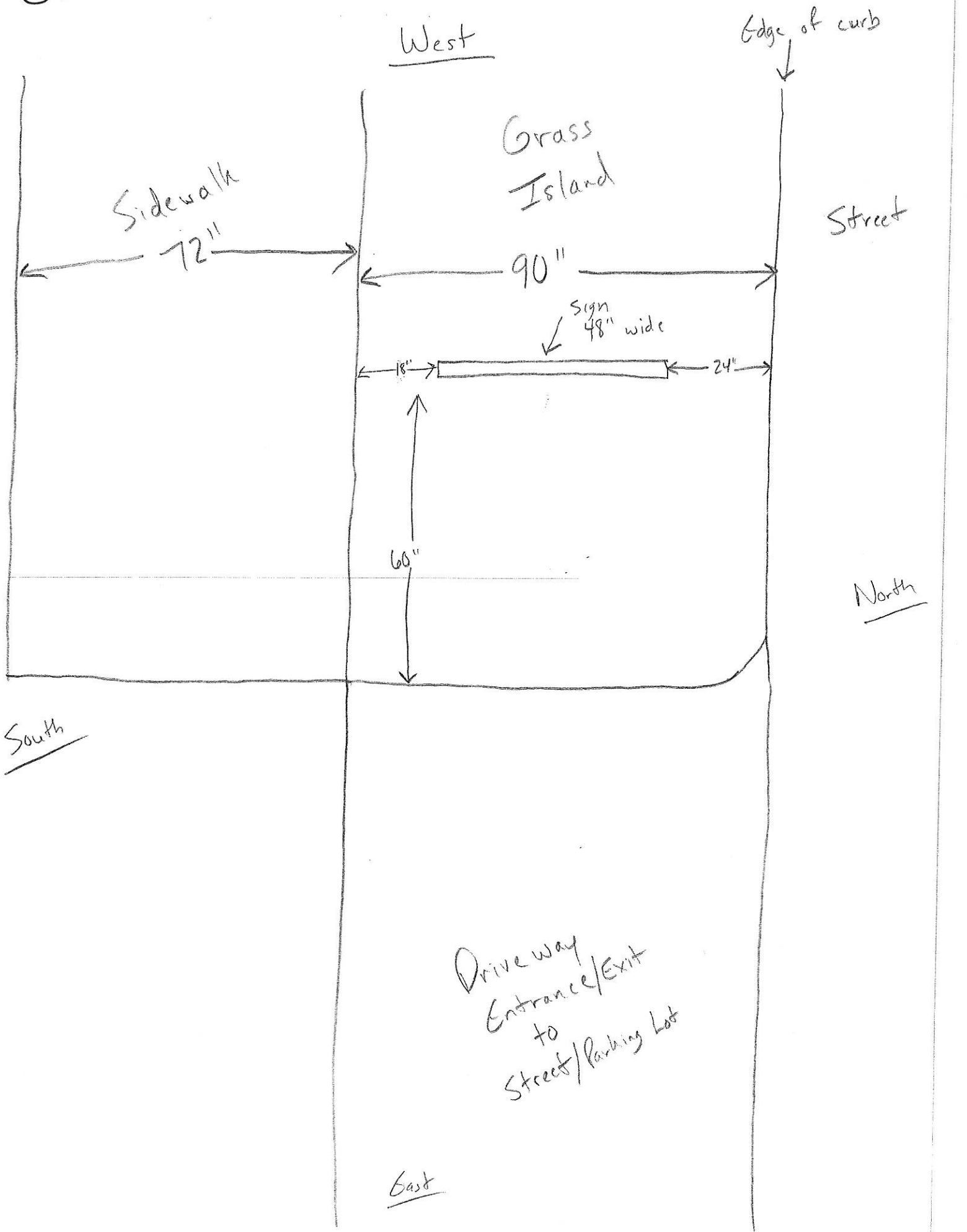
### CUSTOMER ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Note: See Lien notice on reverse side.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Overhead view



West

Edge of curb

Sidewalk

Grass Island

Street

72"

90"

Sign  
48" wide

18"

24"

60"

North

South

Drive way  
Entrance/Exit  
to  
Street/Parking Lot

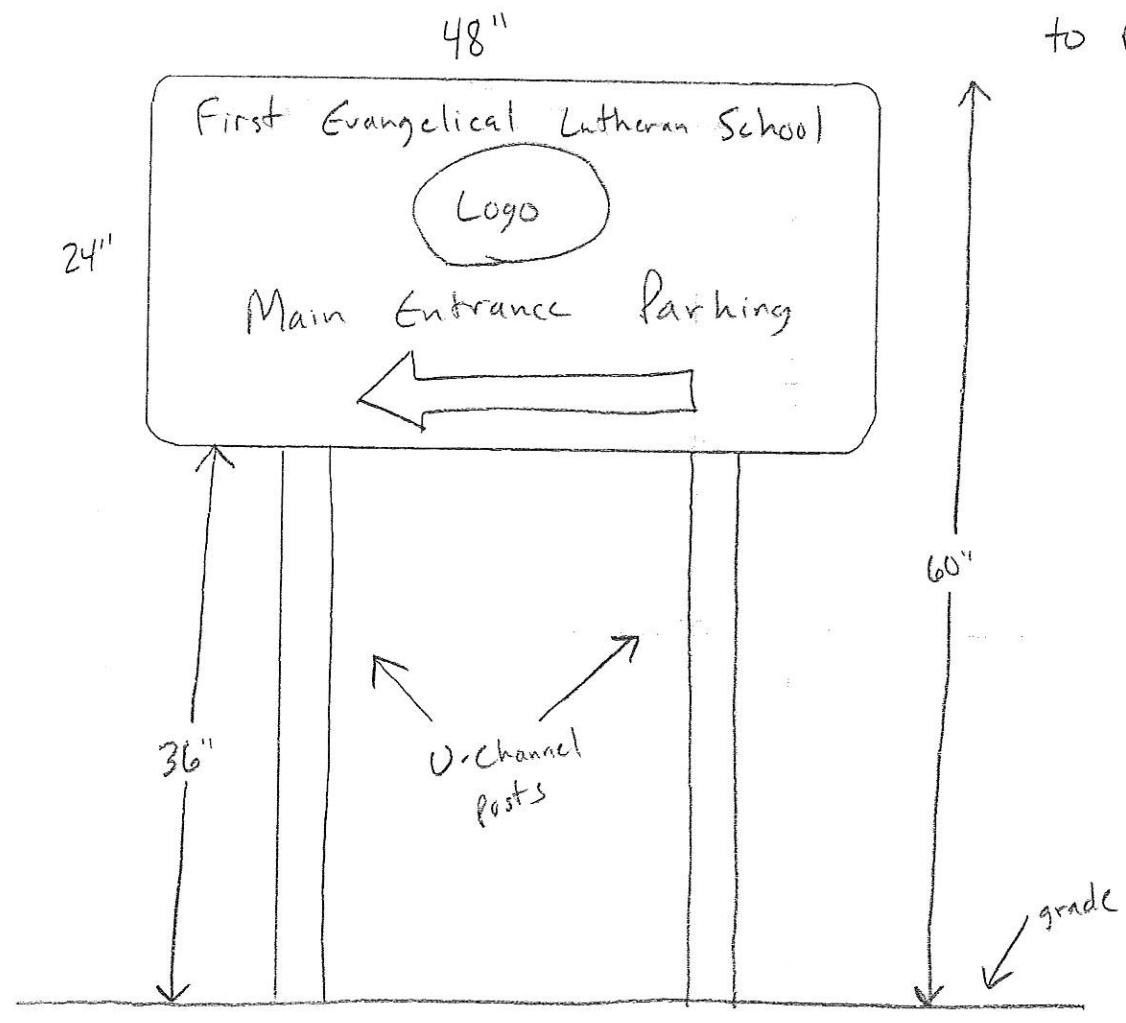
East

1/4" scale

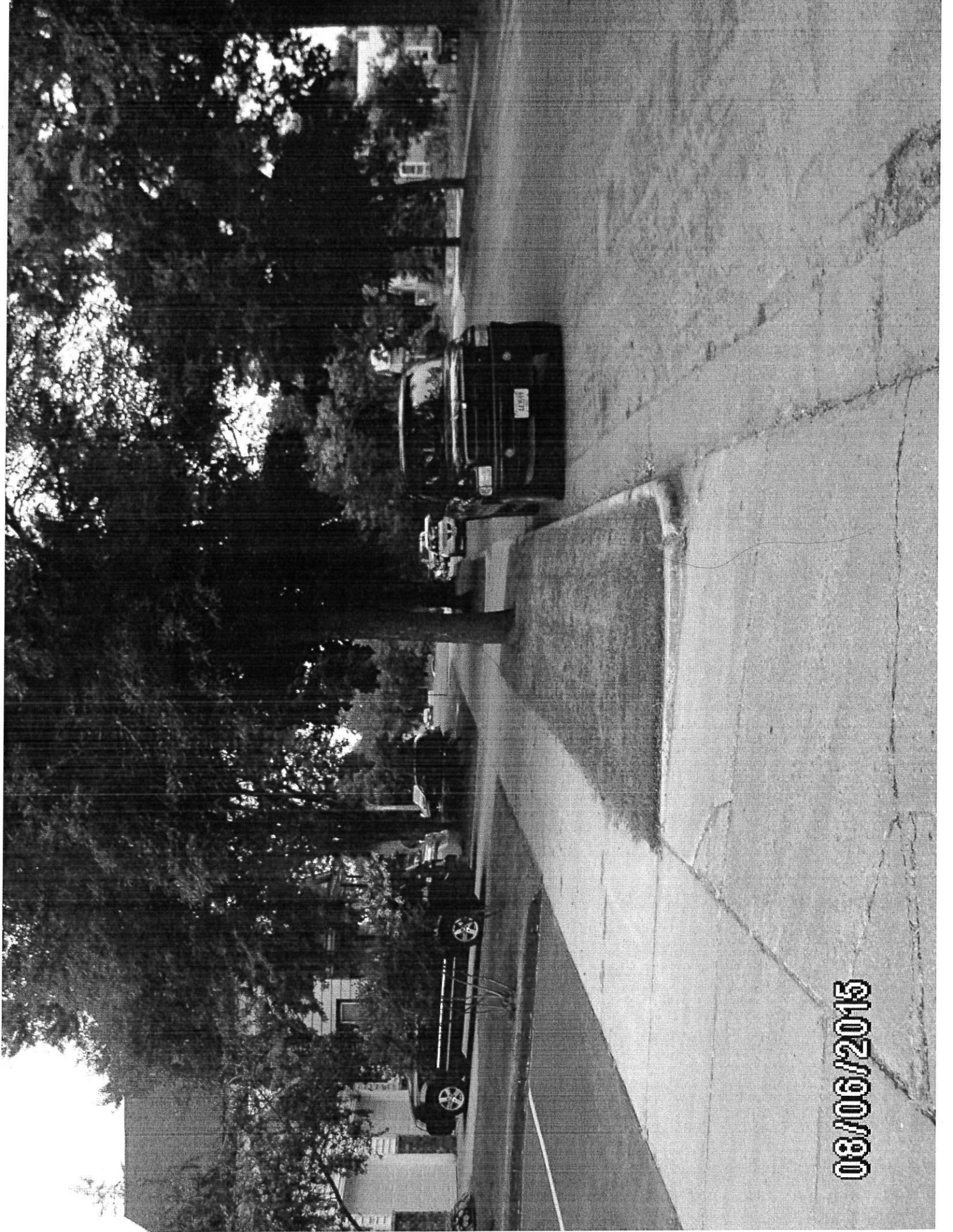
Sign Example

Single-Sided  
Faces East

Sits perpendicular  
to Division St

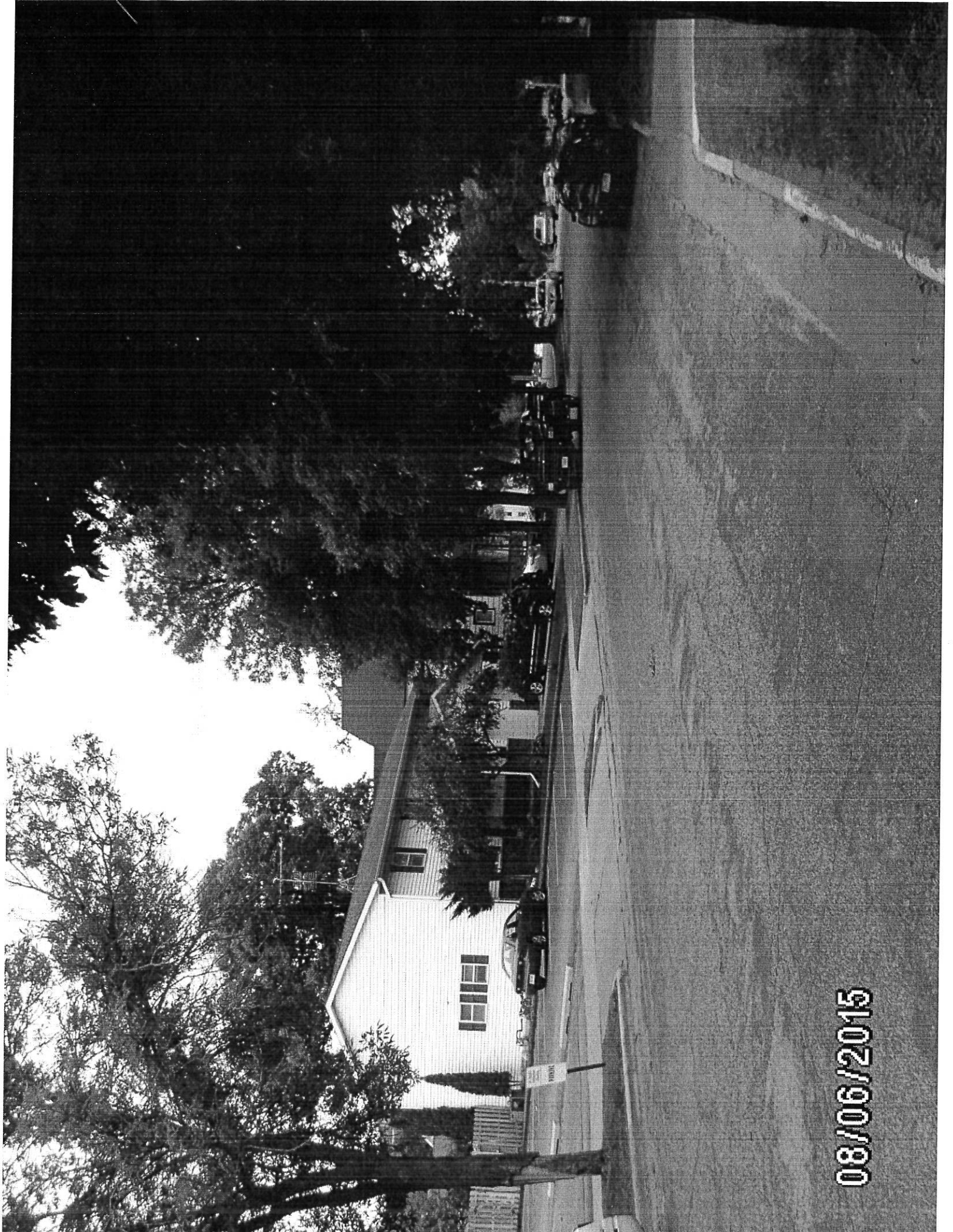






08/06/2015





08/06/2015

## Martin, Rebecka

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**From:** Matt Garves <matt.garves@lacrossesign.com>  
**Sent:** Friday, August 07, 2015 10:22 AM  
**To:** Martin, Rebecka  
**Cc:** tbaier@charter.net; Adrian Kirchner  
**Subject:** first evangelical lutheran school  
**Attachments:** Overhead View.pdf; Ground Level View.pdf; 005.JPG; 006.JPG

Becki,

Attached are the pencil sketches that I drew up for the location of the proposed sign. The sign will be located in the grass island next to the black truck. I took a photo from further back to show the two entrances and what St Paul's did for signage there as well. For reference their sign is 24" high x 18" wide and the top of the sign is 48" above the ground. If you have any questions please let me know.

Thank you

Matt Garves  
1450 Oak Forest Dr  
Onalaska, WI 54650  
608-781-1450  
[www.lacrossesign.com](http://www.lacrossesign.com)







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/20/2015

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).

<b>PRODUCER</b> Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	<b>CONTACT NAME:</b> Terrie L Holt <b>PHONE (A/C No. Ext):</b> 1-800-554-2642 Option 1 <b>E-MAIL ADDRESS:</b> cs18@churchmutual.com		<b>FAX (A/C No.):</b> 855-264-2329
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> FIRST EVANGELICAL LUTHERAN CHURCH 400 WEST AVE S LA CROSSE WI 54601-4759	<b>INSURER A:</b> Church Mutual Insurance Company		18767
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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 YVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			0064962-02-787511	03/23/2015	03/23/2018	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				\$
	DED		RETENTION \$				EACH OCCURRENCE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						AGGREGATE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				\$
							PER STATUTE OTHER
							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)  
\*\*\*AMENDED\*\*\*Evidence of Liability for a sign in the boulevard located on Division Street, LaCrosse, WI. Commercial General Liability Additional Insured = City of La Crosse, subject to the coverage provided by the referenced policy. 016 A220 UWAP

<b>CERTIFICATE HOLDER</b> CITY OF LA CROSSE 400 LA CROSSE STREET LA CROSSE, WI 54601	<b>CANCELLATION</b> 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 