

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: La Crosse Area Family YMCA Company Name: YMCA
 Address: 1140 Main Street City: La Crosse State: WI Zip: 54601
 Phone #: () 782-5944 Cell #: () Fax #: (608) 782-9616
 Email: bsoper@laxymca.org

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 type="checkbox"/> BOATHOUSE/HOUSEBOAT |
| <input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT | <input type="checkbox"/> OFF-PREMISE SIGN |
| <input checked="" type="checkbox"/> OTHER: <u>Below Ground Retaining Wall Footing</u> | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:

Retaining wall footing extends 16" in to King Street Right-of-way
 See Attached Plan view and retaining wall detail

Desired Start Date:
Present
 Est. Completion Date:
June 30, 2016

CONTRACTOR/SIGN CO.:

Phone #: () Cell #: () Fax #: ()

PERSON IN CHARGE:

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.

Property Owner Signature: [Signature]

STATE OF WISCONSIN)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 3 day of June, 2016, the
 above named William Soper to me known to be the
 person(s) who executed the foregoing instrument and acknowledged the
 same.

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 **

[Signature]
 Notary Public, La Crosse County, WI
 My commission expires: 10/11/19

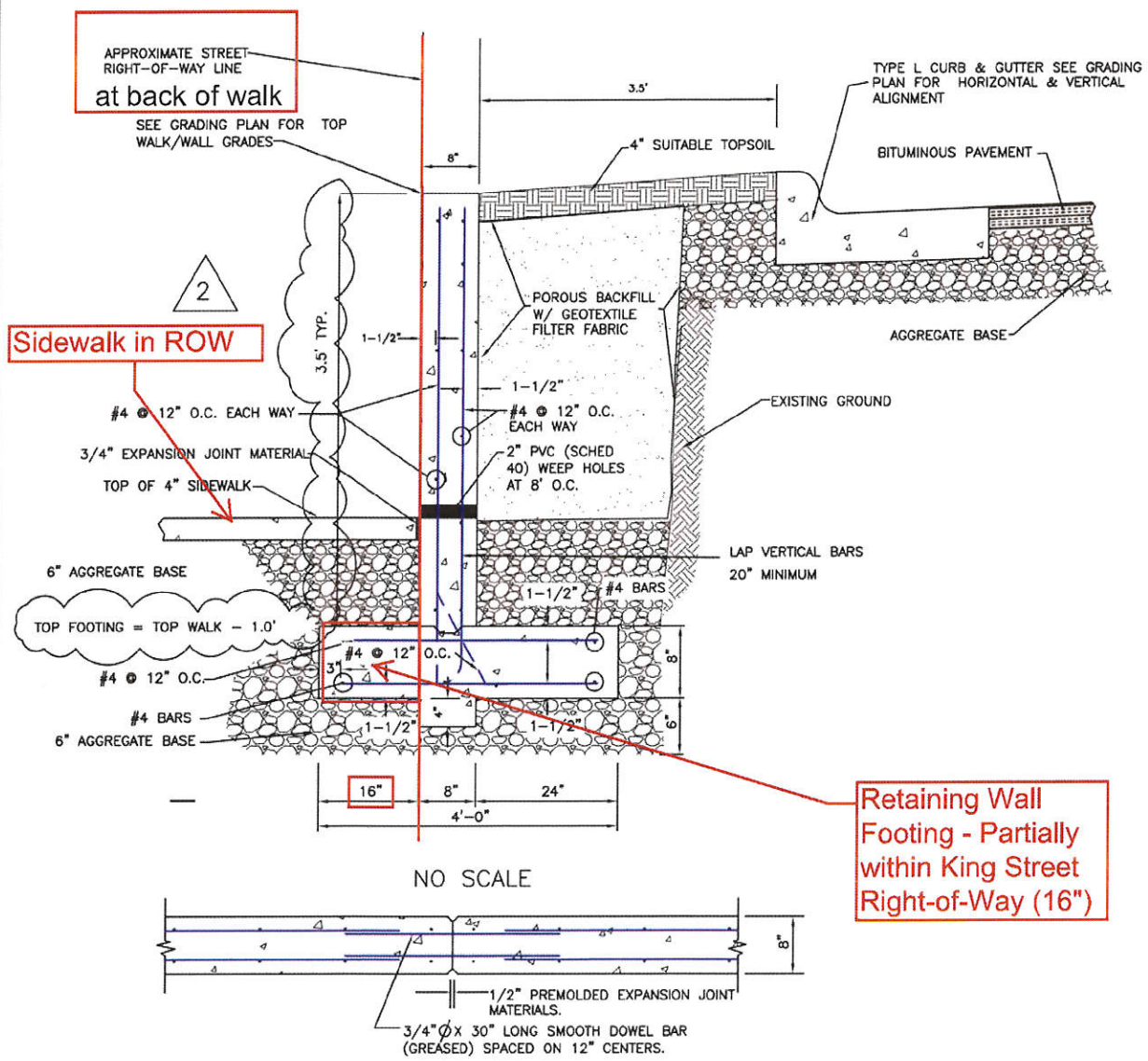
Tax Parcel ID #: 17-20189-10

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: 5-24-16

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>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 \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____



APPROXIMATE STREET
RIGHT-OF-WAY LINE
at back of walk

Sidewalk in ROW

Retaining Wall
Footing - Partially
within King Street
Right-of-Way (16")

GENERAL NOTES:

1. ALL EXPOSED EDGES SHALL HAVE A 3/4" CHAMFER.
2. ALL DISTANCES TO REINFORCING BARS REFER TO CLEAR CONCRETE COVER OF BAR UNLESS NOTED OTHERWISE.
3. MINIMUM BAR LAP IS TO BE FORTY (40) BAR DIAMETERS.
4. MINIMUM GRADE OF REINFORCING STEEL IS TO BE ASTM A615 GRADE 60.
5. MAXIMUM SPACING OF EXPANSION JOINTS SHALL BE 75'-0" CENTER TO CENTER.
6. SEE PLAN SHEET C102 FOR RETAINING HORIZONTAL & VERTICAL ALIGNMENT DESIGN
7. ALL STEEL REINFORCEMENT SHALL BE GRADE 60, EPOXY COATED

5 REINFORCED CONCRETE RETAINING WALL
C106 SCALE: NTS



PROJECT
YMCA - LA CROSSE
ADDITION & ALTERATIONS
LA CROSSE, WI

DATE Mgr. 6, 2015
DRAWN BY JPM
CHECKED BY JPM
PROJECT No. 1326B
DRAWING TITLE
PAVEMENT DETAILS - ADDENDUM 2

SUPPLEMENTAL DRWG. No
C-3
ADDENDUM 2

PETITION FOR CHANGE TO CHAPTER 15, ZONING,
OF THE CODE OF ORDINANCES
OF THE CITY OF LA CROSSE

AMENDMENT OF ZONING DISTRICT BOUNDARIES

Petitioner (name and address):

La Crosse Area Family YMCA, 1140 Main Street, La Crosse, WI 54601

Owner of site (name and address):

La Crosse Area Family YMCA Board of Trustees, 1140 Main Street, La Crosse, WI 54601

Address of subject premises:

148 WEST AVE S, 1105 KING ST, and 137 11TH ST S

Tax Parcel No.: 17-20189-10, 17-20189-60, and 17-20189-70

Legal Description: ALLEN OVERBAUGH & PETER BURNS ADDITION LOTS 55-69 BLOCK 14 & E/W VAC ALLEY EX PRT TAKEN

FOR R/W IN DOC NO. 1478022 for parcel *-10. ALLEN OVERBAUGH & PETER BURNS ADDITION LOTS 70 & 71 BLOCK 14 for *-60. ALLEN OVERBAUGH & PETER BURNS ADDITION LOT 72 BLOCK 14 for *-70.

Zoning District Classification: WR, Washburn Residential (17-20189-60 and 17-20189-70) and R5, Multiple Dwelling (17-20189-10).

Proposed Zoning Classification: PS - Public and Semi-public

Is the property located in a floodway/floodplain zoning district? Yes No

Is the property/structure listed on the local register of historic places? Yes No

Is the Rezoning consistent with Future Land Use Map of the Comprehensive Plan? Yes No

Is the Rezoning consistent with the policies of the Comprehensive Plan? Yes No

Property is Presently Used For:

See attached 1.

Property is Proposed to be Used For:

See attached 2.

Proposed Rezoning is Necessary Because (Detailed Answer):

See attached 3.

Proposed Rezoning will not be Detrimental to the Neighborhood or Public Welfare Because (Detailed Answer):

See attached 4.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2016

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 Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	CONTACT NAME: PHONE (A/C, No, Ext): (608) 784-4854	FAX (A/C, No): (608) 784-4774	
	E-MAIL ADDRESS:		
INSURED La Crosse Family YMCA 1140 Main Street La Crosse, WI 54601	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : WEST BEND MUTUAL INSURANCE COMPANY		15350
	INSURER B : UNITED HEARTLAND		
	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/INSR	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 <input checked="" type="checkbox"/> Sexual Misconduct GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			A046385	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" 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			A046385	07/01/2015	07/01/2016	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A046385	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ 5,000,000
B	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	0400144621	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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 an Additional Insured.

CERTIFICATE HOLDER City of La Crosse 400 La Crosse Street La Crosse, WI 54601	CANCELLATION 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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