

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: Edward Becker Company Name: Winona Nursery  
 Address: 1258 Sugarloaf Rd City: Winona State: MN Zip: 55987  
 Phone #: (507) 452-6237 Cell #: (608) 865-0409 Fax #: (507) 453-7982  
 Email: edward@winonanursery.com

**PROPERTY OWNER** \*If different from applicant  
 Name: Paul Amborn Company Name: Western Technical College  
 Address: 505 9th Street North City: La Crosse State: WI Zip: 54601  
 Phone #: ( ) Cell #: (608) 304-0639 Fax #: ( )  
 Email: AmbornP@westernc.edu

**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 checked="" type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
Irrigation will be in the following city boulevards - 8th Street east and west between La Crosse and Badger Street. The north side of Badger Street between 8th and 9th Street. The SE boulevard of 9th street in front of WTC physical plant entrance.

Desired Start Date: 6/1/2017  
 Est. Completion Date: 10/1/2017

**CONTRACTOR/SIGN CO.:** \_\_\_\_\_ **PERSON IN CHARGE:** \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) Fax #: ( )

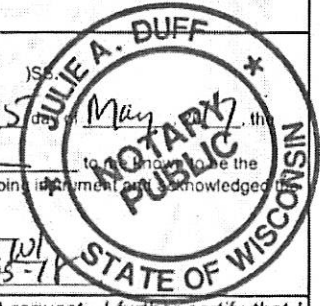
For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary 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 )  
 COUNTY OF LA CROSSE )  
 Personally came before me this 15 day of May, the 2017 year, the above named Paul Amborn to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: Paul Amborn  
 Signature of Property Owner must be notarized \*\*

Notary Public, La Crosse County, WI  
 My commission expires: 3-25-17



Tax Parcel ID #: 17-20147-90  
17-20148-60

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 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: 5-17-2017

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/6/2016

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 Arthur J. Gallagher Risk Management Services, Inc. 245 South Executive Drive, Suite 200 Brookfield WI 53005	CONTACT NAME: Kay Hannah
	PHONE (A/C No., Ext): 262-792-2217 FAX (A/C No.): 262-792-1712
	E-MAIL ADDRESS: Kay_Hannah@ajg.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: DISTRICTS MUT INS	NAIC # 12006
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED  
Westam Technical College  
400 Seventh Street North  
P O Box 808  
La Crosse WI 54602-0808

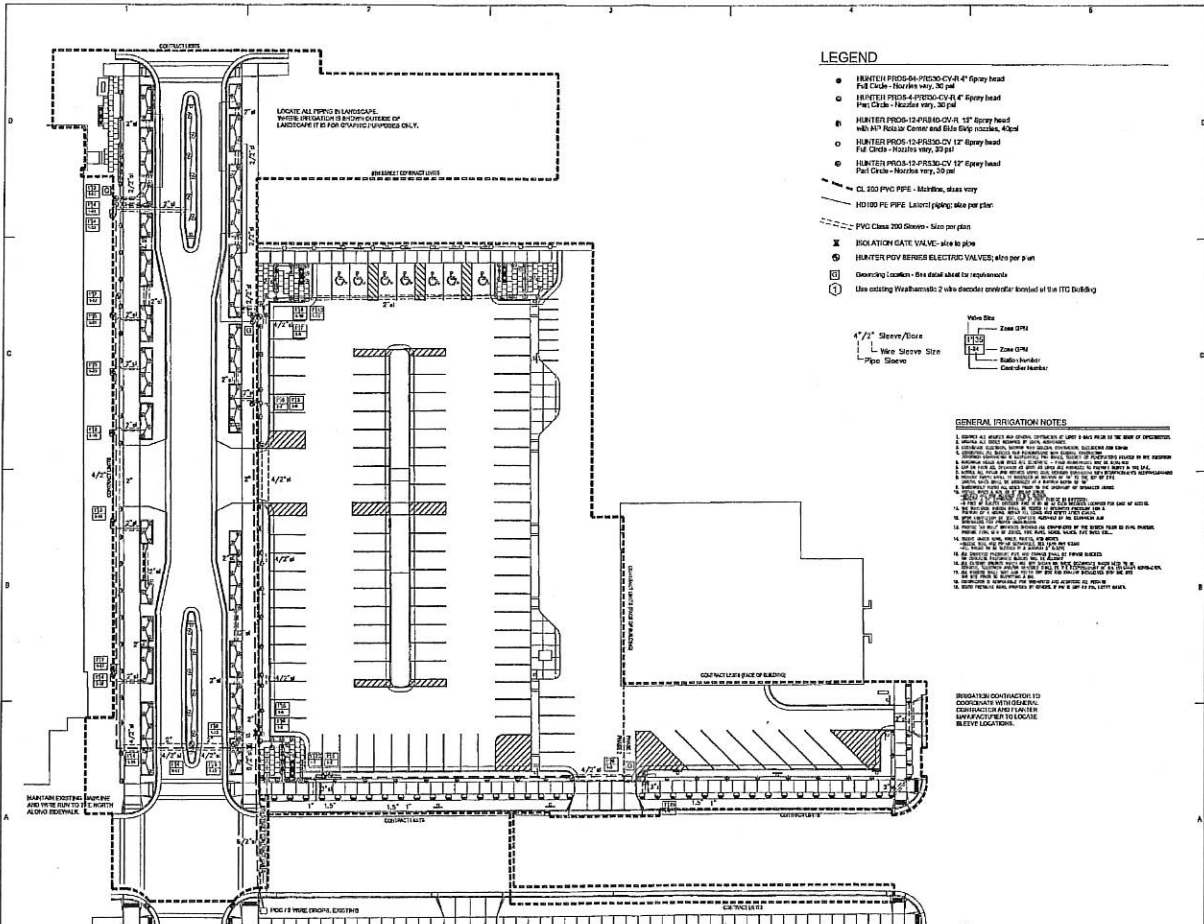
COVERAGES CERTIFICATE NUMBER: 1276054399 REVISION NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY BFP (MM/DD/YYYY)	POLICY BFP (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"/> B/PPD Ded: \$5,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	DMI-C0716-15-13	7/1/2016	7/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$		DMI-C0716-15-13	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	1000002128	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

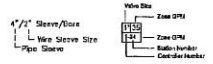
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured / Additional Insured - Lessors of Equipment & Vehicles / Additional Insured - Lessors of Premises Coverage are capped at the limit of \$50,000 in accordance with the Wis. Statutes 893.80 (General Liability) and \$250,000 in accordance with Wis. Statutes 345.05 (Auto Liability) regardless of limits shown.  
Renewal form to maintain permit from January 1 - December 31, 2017 (Eighth Street)  
City of La Crosse is included as an Additional Insured under the General Liability policy as required by permit.

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 <i>Steve George-Mann</i>
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**LEGEND**

- HUNTER PRODS-44-PRODCV-4 4" Spray head  
Full Circle - Nozzle vary, 30 psi
- HUNTER PRODS-4-PRODCV-4 4" Spray head  
Full Circle - Nozzle vary, 30 psi
- HUNTER PRODS-12-PRODCV-4 12" Spray head  
with 18" Radius Corner and Side Strip nozzles, 40 psi
- HUNTER PRODS-12-PRODCV-12 12" Spray head  
Full Circle - Nozzle vary, 30 psi
- HUNTER PRODS-12-PRODCV-12 12" Spray head  
Full Circle - Nozzle vary, 30 psi
- CL 300 PVC PIPE - Manhole, class vary
- HD100 PE PIPE - Lateral piping; size per plan
- PVC Class 200 Saver - Size per plan
- ✕ ISOLATION GATE VALVE- wire to pipe
- ⊕ HUNTER POV SERIES ELECTRIC VALVES; size per plan
- Ⓜ Geosynthetic Liner - See detail sheet for requirements
- Ⓜ Use existing Weatherstat 2 valve detector controller located at the TTC Building



**GENERAL IRRIGATION NOTES**

1. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
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15. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
16. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
17. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
18. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
19. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.
20. VERIFY ALL EXISTING AND PROPOSED UTILITIES AND RECORD THEM TO THE BEST OF CAPABILITY.

IRRIGATION CONTRACTOR TO COORDINATE WITH DESIGNER, CONTRACTOR AND FURNISH MANUFACTURER TO LOCATE SLEEVE LOCATION.

**CONSTRUCTION DOCUMENTS**

**CAMPUS SITE IMPROVEMENTS: LOT F BLOCK / 8TH STREET**

WESTERN TECHNICAL COLLEGE  
400 17TH STREET NORTH, LA CROSSE, WI 54602  
OWNER'S REPRESENTATIVE: PAUL AUBURN

**RDG...**  
PLANNING & DESIGN

PREPARED BY: PAUL AUBURN  
CHECKED BY: PAUL AUBURN  
DATE: 10/15/11

IRRIGATION PLAN

IR 1.01

PARCEL "A" LEGAL DESCRIPTION  
LOTS 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, LOT 5, EXCEPT THE NORTH 17.21 FEET, AND THAT  
PORTION OF THE VACATED ALLEY OF T BURNS, HS DURAND, ST SMITH & FM RUBLEES ADDITION  
TO THE CITY OF LA CROSSE, CITY OF LA CROSSE, LA CROSSE COUNTY, WISCONSIN.  
PARCEL "A" IS SUBJECT TO AND TOGETHER WITH ANY EASEMENTS, COVENANTS, RESTRICTIONS,  
OR RIGHTS OF WAY OF RECORD.  
PARCEL "A" CONTAINS 96,348± S.F. OR 2.21± ACRES.



*[Handwritten signature]*

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