

REVOCABLE OCCUPANCY/

STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Public Works Department - Phone: (608)789-7599
http://www.cityoflacrosse.org

On State Highway?:
Yes No

Permit Number:
#

APPLICANT

Name: Perry McClellan Company Name: Charter
Address: 1228 12th Ave South City: Onalaska State: WI Zip: 54650
Phone #: ( ) Cell Phone #: (715) 370-7140 Fax #: ( ) Email: perry-mcclellan@charter.com

PROPERTY OWNER \*If different from applicant

Name: Company Name:
Address: City: State: Zip:
Phone #: ( ) Cell Phone #: ( ) Fax #: ( ) Email:

ENCROACHMENT TYPE (Check one):

- AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY
FIRE ESCAPE/RESCUE PLATFORM/BALCONY
VENDING MACHINE/NEWSBOX
UNDERGROUND WIRES AND INFRASTRUCTURES
AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT
OTHER:
OUTDOOR DINING AREA
AESTHETIC APPURTENANCE
GROUNDWATER MONITORING WELL
BOATHOUSE/HOUSEBOAT
OFF-PREMISE SIGN

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
D. bore under Moore St & Install 2" Duct and Coax to 2045 Avon St

Desired Start Date: 5/20/15
Est. Completion Date: 6/1/15

CONTRACTOR/SIGN CO.: Evolution PHONE: ( ) FAX: ( )
PERSON IN CHARGE OF WORK: Don Roberts CELL PHONE: (920) 810-3408

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:
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 \*\*
STATE OF WISCONSIN )
COUNTY OF LA CROSSE )
Personally came before me this \_\_\_ day of \_\_\_, 2012, the above named to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Tax Parcel ID #:
Notary Public, La Crosse County, WI
My commission expires: \_\_\_\_\_

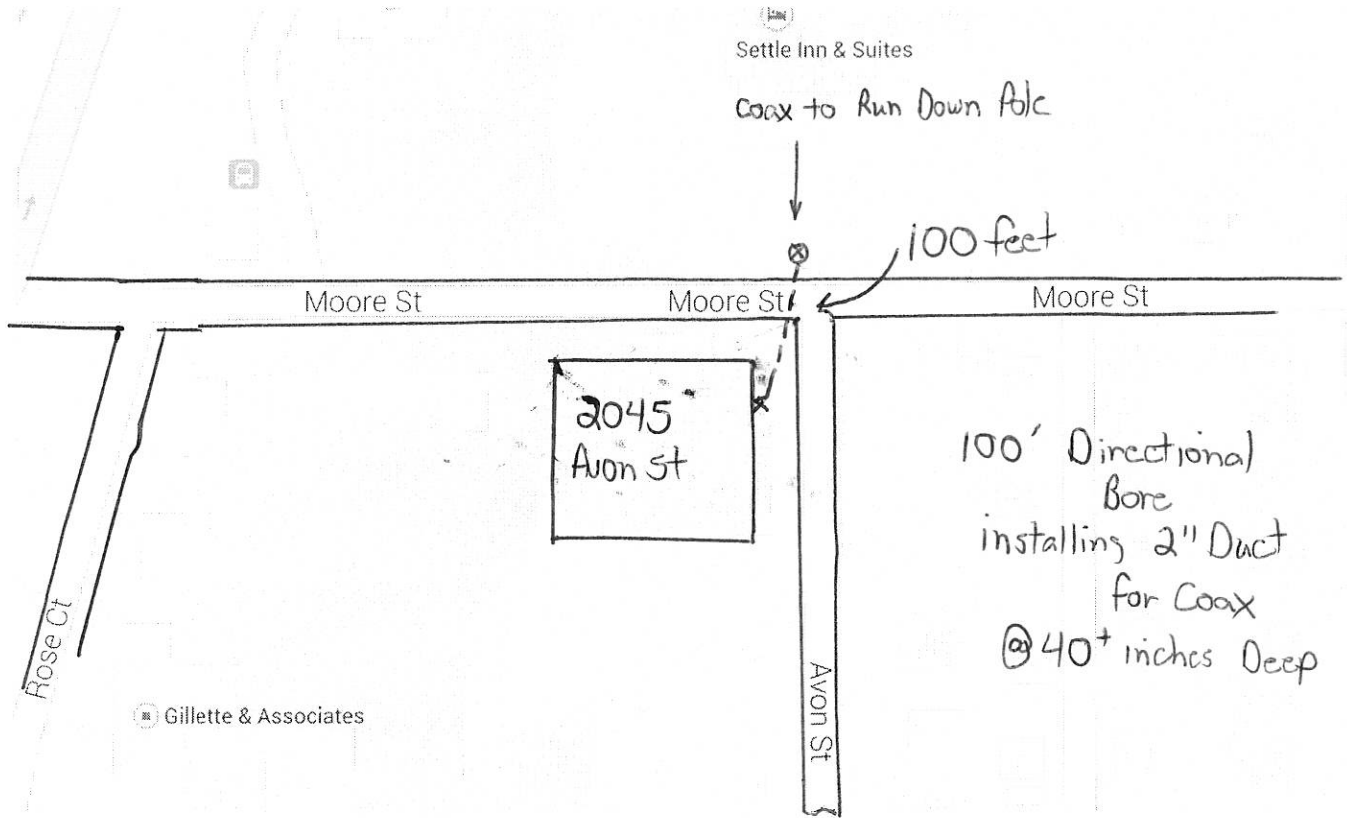
I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed 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: Perry McClellan Date: 5/5/15

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.

Table with 3 columns: Approved By, Required items to be provided by Applicant, and Gray Shaded Areas to be Completed by City Staff. Includes checkboxes for Scale drawing, Legal Description, Certificate of Insurance, Initial Application Fee, Annual Permit Fee, and Special Conditions of Approval.

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