



City of La Crosse, Wisconsin

ORIGINAL ALCOHOL LICENSE APPLICANTS INFORMATION SUBMITTAL

(Ch. 4, secs. 4-72 & 4-142)

All new applicants for an alcohol license pursuant to Chapter 4 of the La Crosse Municipal Code shall submit the following information with the original alcohol applications. Any false statement contained in such application shall automatically nullify any license issued pursuant thereto.

Class A: ☐ Beer, ☐ Liquor

Class B: ☒ Beer, ☒ Liquor

Class C: ☐ Wine



APPLICANT

Legal/Real Name of Business:

Grounded Coffee LLC

Trade Name:

Grounded Patio Cafe

Address:

Street

City

State

Zip Code

308 Main Street, La Crosse, WI 54601

Telephone Number:

608-784-5282

Website:

letsgetgrounded.com

ACTIVE USE OF LICENSE

☒ I understand that if a license is granted, said license must be activated within 90 days of being granted pursuant to Municipal Code secs. 4-43 and 4-108. This means open for business with stock and equipment.

Anticipated Date of Opening:

☒ I understand that if a license is granted, said license shall be actively utilized pursuant to Municipal Code sec. 4-12. Actively utilized shall mean open for business with regular and consistent operating hours. If a license is not actively used throughout any 90-day period, the license shall be subject to revocation or suspension pursuant to sec. 4-82.

☒ I understand that if there is any change to the license or licensee information, including but not limited to change in officers/members/directors or agent or their address/phone number, change in hours of operation, etc., the City Clerk will be notified within 15 days.

BUSINESS PLAN

Type of Establishment:

- ☐ Tavern ☐ Nightclub ☒ Restaurant ☐ Liquor Store ☐ Grocery Store
☐ Convenience Store with gas pumps ☐ Convenience Store without gas pumps
☒ Other Cafe

Hours of Operation:

M-F 6:30 am - 9 pm Sat 7am - 9 pm Sun 7am - 3pm

Anticipated Number of Employees:

20-25

Other Business to Be Conducted on Premise:

Coffee, Food

Estimated gross receipts for food and alcohol beverage sales by percentage.

(Note: Non-alcoholic drinks are classified as "Food.")

15 % Alcohol 80 % Food 5 % Other

If applicable, describe "Other":

Merchandise, retail items**Estimated capacity (Class B and Class C licenses only):**Indoor 40 Outdoor, if applicable 60**Will there be any outdoor sales/service or consumption of alcohol? If yes, explain.**

If yes, a beer garden license or outdoor dining permit may be required.

Yes - Beer garden license already obtained**Will there be live entertainment (music or dancing) on premise? If yes, explain.**

If yes, a cabaret license will be required.

Yes - cabaret license already obtained**Do you have off-street parking?** ☐ Yes ☒ No

If yes, how many parking spaces? _____

If no, how will parking be accommodated.

Provide a sketch of the floor plan showing overall dimensions, sales, service and consumption and storage areas, seating arrangements, location of coolers, and location where records are kept (invoices for purchase of alcohol).

Provide a site plan showing building location, any outside areas where alcohol beverages may be sold or consumed, off-street parking, ingress and egress, and existing or proposed screening.

In addition to supplying the above information which is true and correct to the best of my knowledge, I have reviewed the Alcohol Beverage Submittal Requirements and Information page and will comply with necessary requirements.

Signature

Date

5/22/25**FOR OFFICE USE - City Clerk's Office checklist for complete applications**

- ☒ Completed applications and fee
- ☒ Surrender of previous license, if applicable
- ☒ Lease, purchase agreement or other proof of control of premise
- ☒ Contact Information Sheet
- ☒ Articles of Incorporation
- ☒ WI Seller's Permit Certificate
- ☒ FEIN
- ☒ Floor Plan
- ☒ Site Plan
- ☒ Proof of course completion or valid operator license or on other license within last two years.
- ☐ Confirm proximity to school, church or hospital
- ☐ Confirm proximity to land zoned residential or multiple dwelling

Form
AB-200

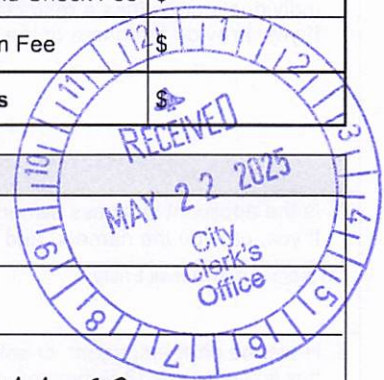
Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$



Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Grounded Coffee LLC

2. Business Trade Name or DBA

Grounded Patio Cafe

3. FEIN

45-2524019

4. Wisconsin Seller's Permit Number

456-1027519166-02

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

7/1/2011

8. Wisconsin DFI Registration Number

9. Premises Address

308 Main Street

10. City

La Crosse

11. State

WI

12. Zip Code

54601

13. County

La Crosse

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: La Crosse

15. Aldermanic District

16. Premises Phone

608-784-5282

17. Premises Email

maria@letsgetgrounded.com

18. Website

LetsGetGrounded.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Brick Building with patio. Beverages consumed on patio + in dining area. Stored behind the counter on shelving and in the basement.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Norberg	Maria	Owner	715-418-1199
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Norberg		Maria	A
Title	Email	Phone	
Owner	maria@letsgetgrounded.com	715-418-1199	
Signature		Date	
Maria Norberg		4/14/25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

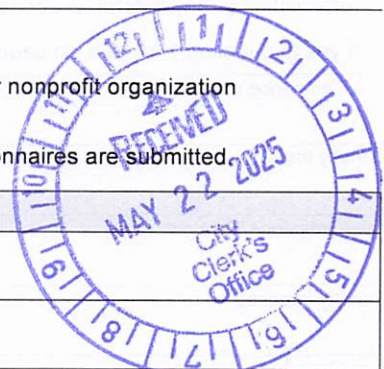
Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.



Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Grounded Coffee LLC

2. Business Trade Name or DBA

Grounded Patio Cafe

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Norberg

2. First Name

Maria

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

maria@letsgetgrounded.com

6. Phone

715-418-1199

7. Home Address

N6159 McKinley Valley Rd

8. City

West Salem

9. State

WI

10. Zip Code

54669

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

37

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

2102 31st STS.

City

La Crosse

State

WI

Zip Code

54601

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

WI

La Crosse

State

County

WI

La Crosse

State

County

State

County

State

County

WI

Barron

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000, if convicted.

Signature <i>Maria Nalez</i>	Date <i>4/14/25</i>
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Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Grounded Coffee LLC

2. Business Trade Name or DBA

Grounded Patio Cafe

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Norberg

2. First Name

Maria

3. M.I.

A

4. Email

maria@letsgetgrounded.com

5. Phone

715 418 1199

6. Home Address

N6159 McKinley Valley Rd

7. City

West Salem

8. State

WI

9. Zip Code

54669

10. Age

37

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Norberg</i>		First Name <i>Maria</i>		M.I. <i>A</i>
Title <i>Owner</i>	Email <i>maria@letsgetgrounded.com</i>		Phone <i>715 418 1199</i>	
Signature <i>Maria Norberg</i>			Date <i>5/22/25</i>	

Part E: Agent Attestation


READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Norberg</i>		First Name <i>Maria</i>		M.I. <i>A</i>
Signature <i>Maria Norberg</i>			Date <i>5/22/25</i>	

Decker Design Inc.
2946 Airport Rd.
La Crosse, WI 54603
Phone 608-733-6667
Fax 608-793-6668

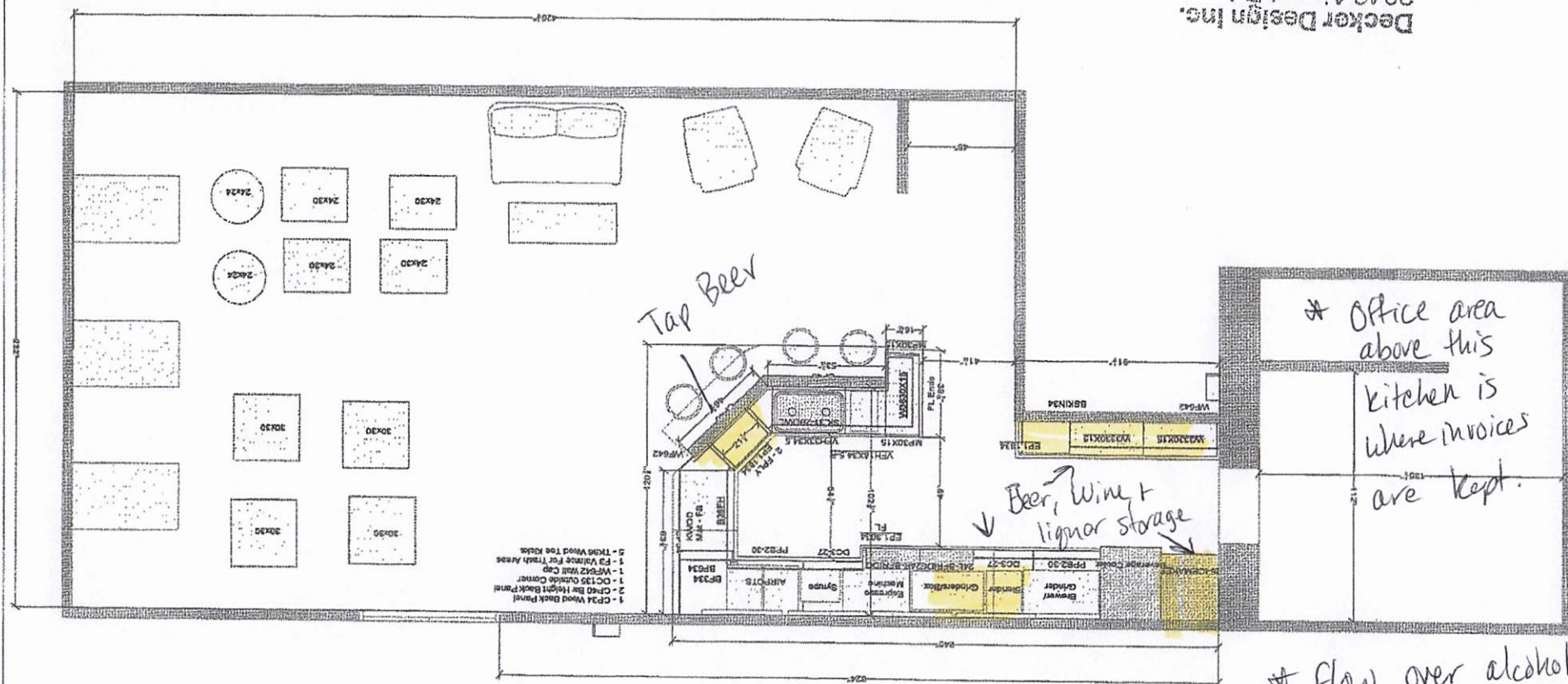
All dimensions, size designations given are subject to verification on job site and adjustment to fit job conditions.

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

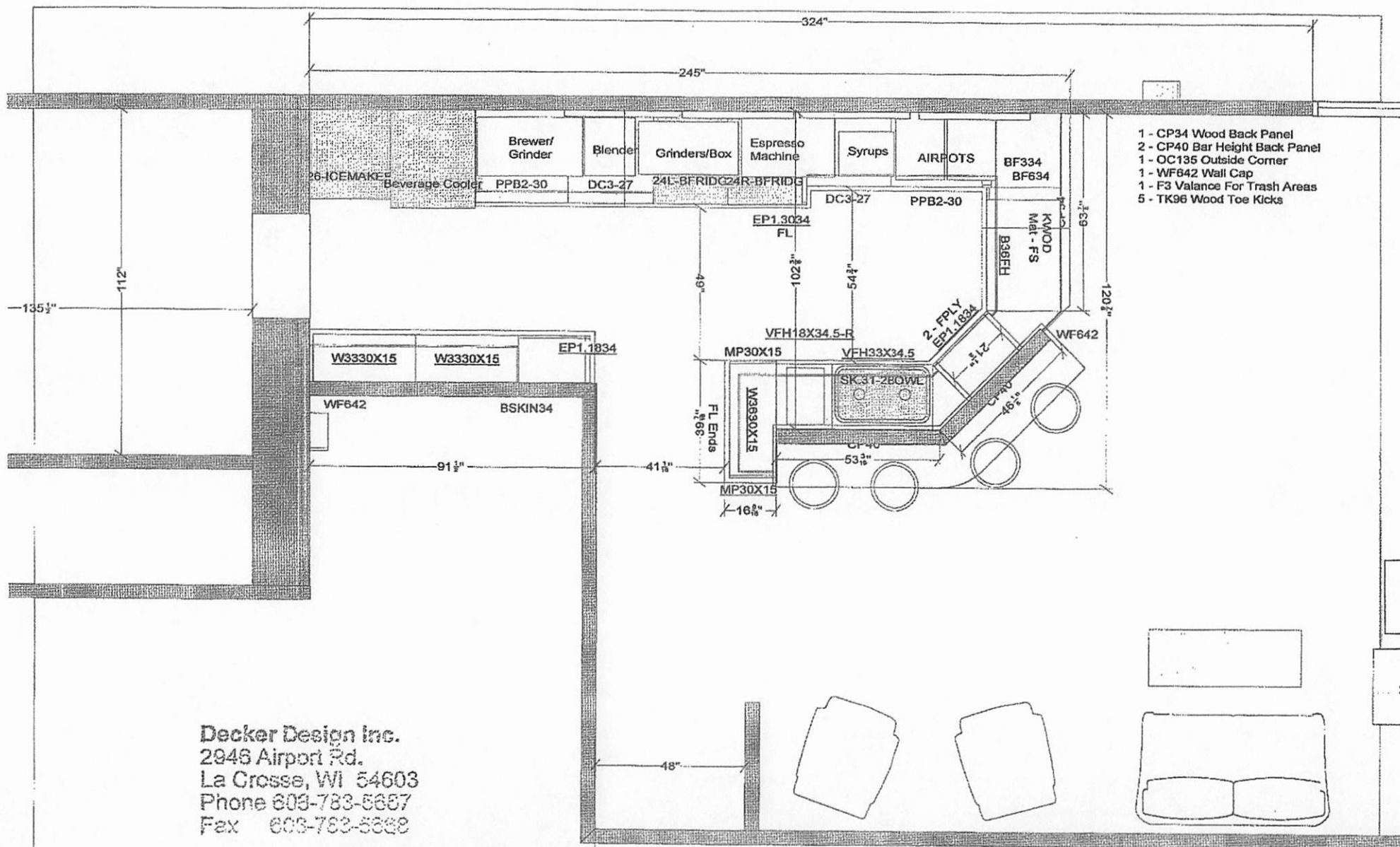


Designed: 1/30/2018
Printed: 1/30/2018

All	Drawing #: 1	No Scale.
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* flow over alcohol storage is in the Basement



- 1 - CP34 Wood Back Panel
- 2 - CP40 Bar Height Back Panel
- 1 - OC135 Outside Corner
- 1 - WF642 Wall Cap
- 1 - F3 Valance For Trash Areas
- 5 - TK96 Wood Toe Kicks

Decker Design Inc.
2946 Airport Rd.
La Crosse, WI 54603
Phone 603-783-5657
Fax 603-783-5658

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020
TECHNOLOGIES

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

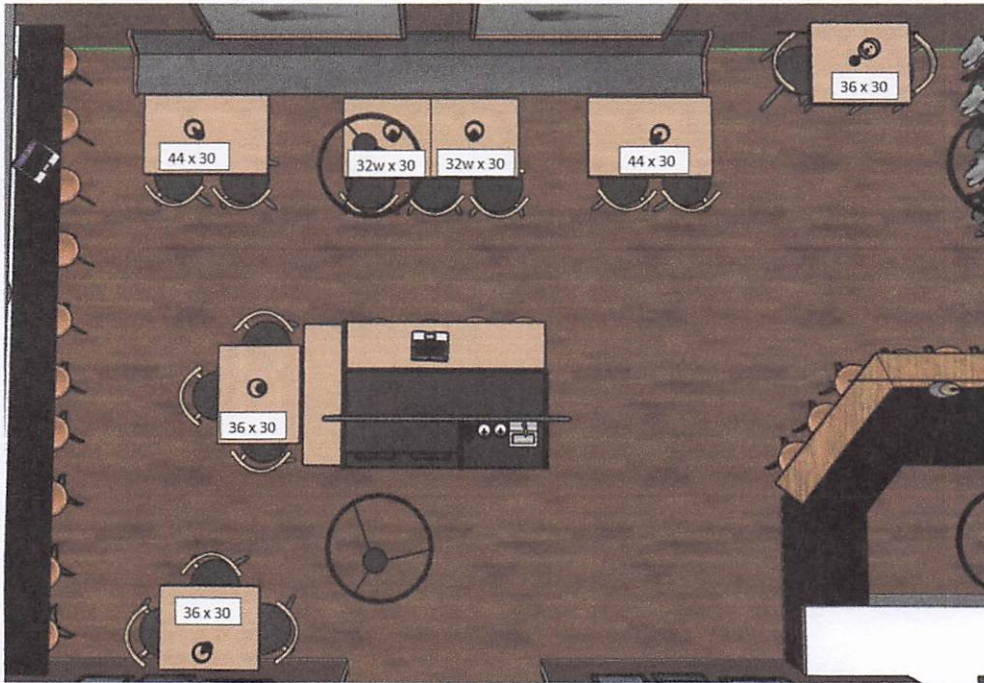
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Printed: 1/30/2018

426 1/4"

Wellendorf-Grounded.kit

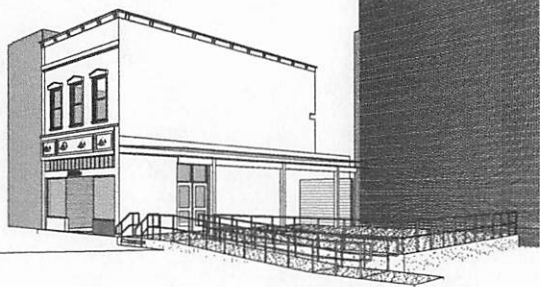
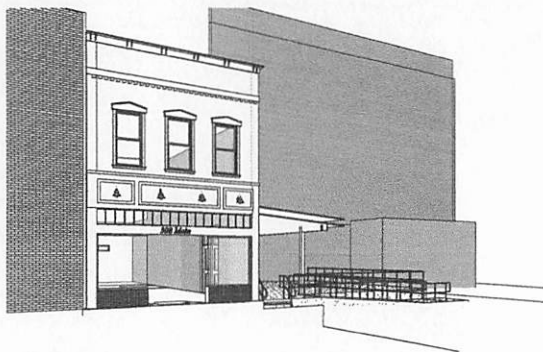
All

Drawing #: 1 No Scale.



LA CROSSE, WISCONSIN

ISG PROJECT # 14-16812



SHEET INDEX

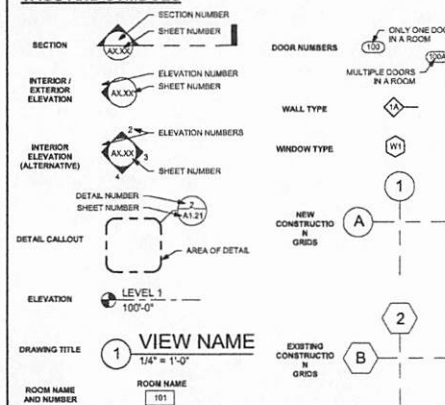
1. ALL WORK SHALL CONFORM TO THE CONTRACT DOCUMENTS WHICH INCLUDE, BUT ARE NOT LIMITED TO: THE OWNER - CONTRACTOR AGREEMENT, THE PROJECT MANUAL, THE GENERAL CONDITIONS, THE SUPPLEMENTAL CONDITIONS, THE SPECIFICATIONS, DRAWINGS OF ALL DISCIPLINE AND ALL ADDENDA, MODIFICATIONS AND CLARIFICATIONS ISSUED BY THE ARCHITECT.
2. CONTRACT DOCUMENTS SHALL BE ISSUED TO ALL SUBCONTRACTORS BY THE GENERAL CONTRACTOR IN COMPLETE SETS IN ORDER TO ACHIEVE THE FULL, EXTENT AND INTENT OF THE INTENTION.
3. WRITTEN DIMENSIONS TAKE PRECEDENCE OVER SCALED DIMENSIONS. NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
4. FIELD VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS NOT ARCHITECT'S ARCHITECT. ENGINEER'S DESIGN. NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
5. VERIFY ALL MATERIALS, FINISHES, AND EQUIPMENT TYPES, BRANDS AND TYPES OF DETAILING REQUIRED THROUGHOUT THE WORK. DETAILS NOT SHOWN ARE DEEMED TO BE THE SAME AS SHOWN. NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
6. ALL MANUFACTURED ARTICLES, MATERIALS AND EQUIPMENT SHALL BE APPLIED, INSTALLED, CONNECTED, ERECTED, CLEANED AND CONDITIONED ACCORDING TO MANUFACTURER'S INSTRUCTIONS AND THE CONTRACT DOCUMENTS, NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
7. LARGE SCALE, MORE SPECIFIC DETAILS TAKE PRECEDENCE OVER SMALL SCALE DETAILS. NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
8. PROVIDE CONTINUOUS SEALANT AROUND ALL MATERIALS AT EXTERIOR WALL PENETRATIONS. NOTIFY ARCHITECT IMMEDIATELY IN WRITING OF ANY DISCREPANCIES. PROVIDE ALL DIMENSIONAL INFORMATION IN CLARIFICATION BEFORE PROCEEDING WITH THE WORK.
9. ALL DRAINAGE MATERIALS SHALL BE EFFECTIVELY ISOLATED FROM EACH OTHER TO AVOID INTERFERENCE.
10. SEAL ALL OPENINGS IN WALLS, FLOORS, CEILINGS, AND ROOFS, AROUND DUCTS, PIPES, VENTES, TRAPS, CONTACT AND ALL OTHER PENETRATIONS WITH FIRE STOPPING AS SPECIFIED REQUIRED.
11. PROVIDE TYPICAL WALLS, ENCLOSURE, DRIFT SHELLS AND WALL/ROOF MATE AS SPECIFIED REQUIRED.
12. PROVIDE BRACING AND SHORING DESIGN AS REQUIRED TO PROTECT EXISTING STRUCTURE FROM OVERLOADING AND COLLAPSE.
13. RESTORE ALL EXISTING WALLS, FLOORS, CEILINGS AND RELATED NEW CONSTRUCTION TO THEIR ORIGINAL CONDITION, INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

SHEET#	SHEET TITLE
GENERAL	
G1-11	TITLE SHEET, SHEET INDEX, PROJECT GENERAL NOTES
ARCHITECTURAL	
A1-30	PATIO FLOOR PLAN
A1-21	PATIO SLAB PLAN AND DETAILS
A4-11	DOOR SCHEDULE AND DETAILS
STRUCTURAL	
S1-00	STRUCTURAL NOTES
S1-47	RAILING SCHEDULE
S1-11	FOOTING AND FOUNDATION PLAN

TAGS AND SYMBOLS

[illegible]

	BATT INSULATION
	BRICK
	CONCRETE (SECTION)
	CMU (SECTION)
	EARTH
	GRANULAR FILL
	GRAVEL
	GYPSUM BOARD OR SHEATHING
	RIGID INSULATION
	PLYWOOD
	SAND
	STEEL
	SYNTHETIC STUCCO
	WOOD



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LA CROSSE WISCONSIN

[illegible]

OWNER:

GROUNDED SPECIALTY COFFEE
 MARIA NORBERG
 308 MAIN STREET
 LA CROSSE, WISCONSIN 54601
 608-784-5282

PROJECT ADDRESS:

GROUNDED SPECIALTY COFFEE
 308 MAIN STREET
 LA CROSSE, WISCONSIN 54601
 608-784-5282

MANAGING OFFICE:



LA CROSSE OFFICE
201 MAIN STREET
SUITE 1020
LA CROSSE, WI 54601
PHONE: 608.789.2034
PROJECT MANAGER: KEVIN BILLS
EMAIL: kevin.bills@is-grp.com

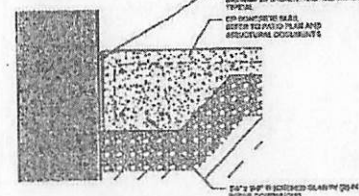
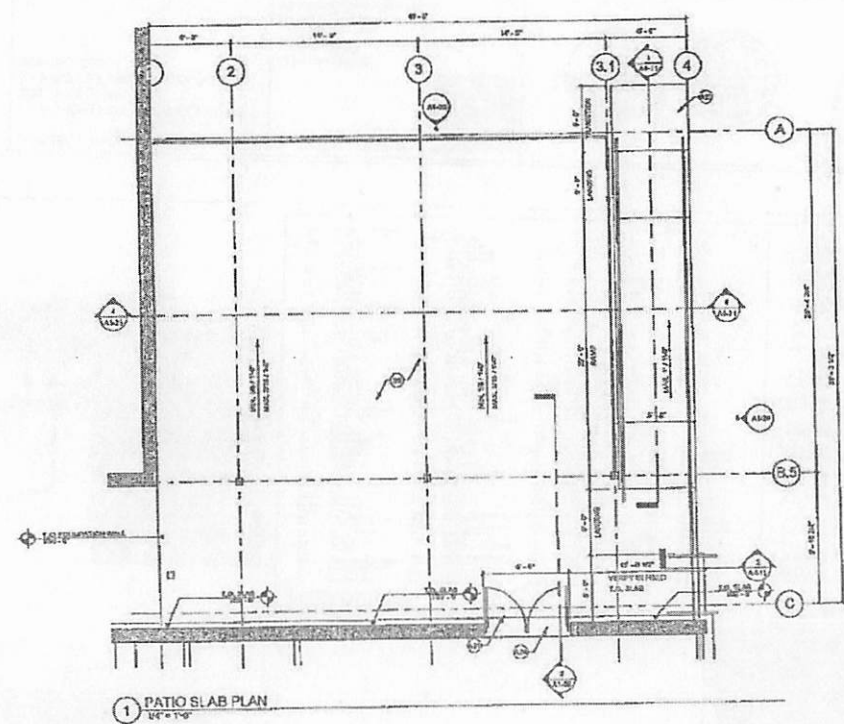


	TITLE
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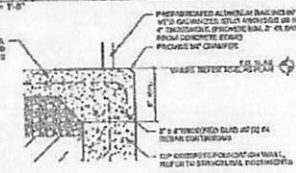
**TITLE SHEET,
SHEET INDEX,
PROJECT
GENERAL NOTES**

SHE

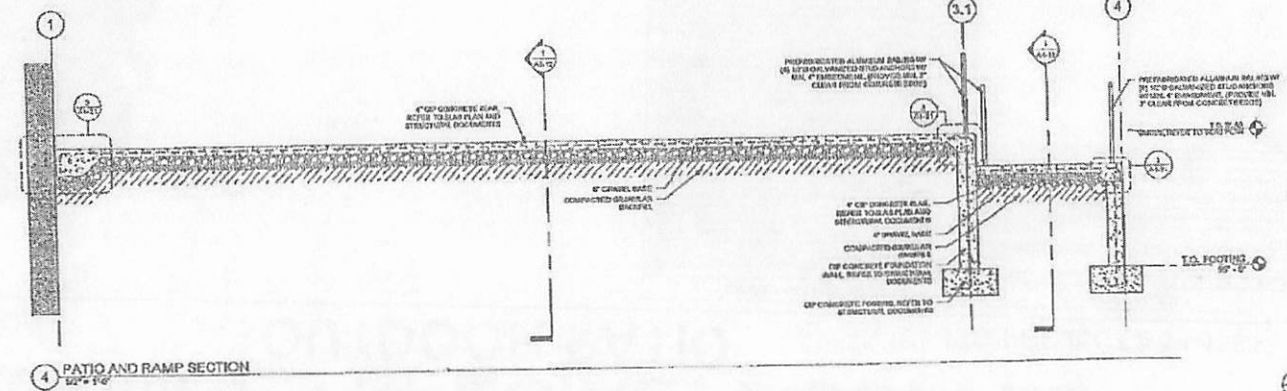
G1-11

[illegible]

2 THICKENED SLAB DETAIL @ SOUTH WALL
1 1/2" = 1'-0"

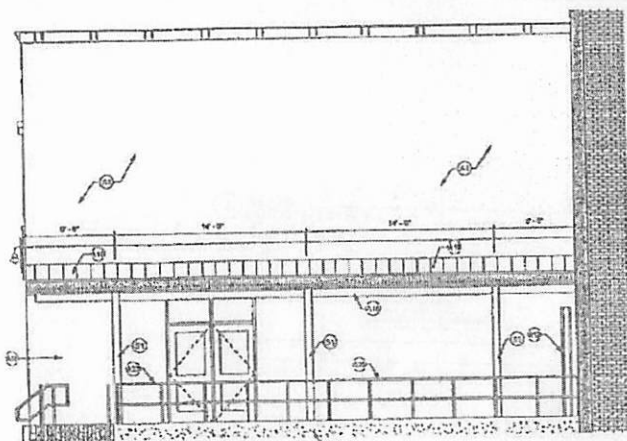


3 THICKENED SLAB DETAIL @ FOUNDATION WALL
1 1/2" = 1'-0"

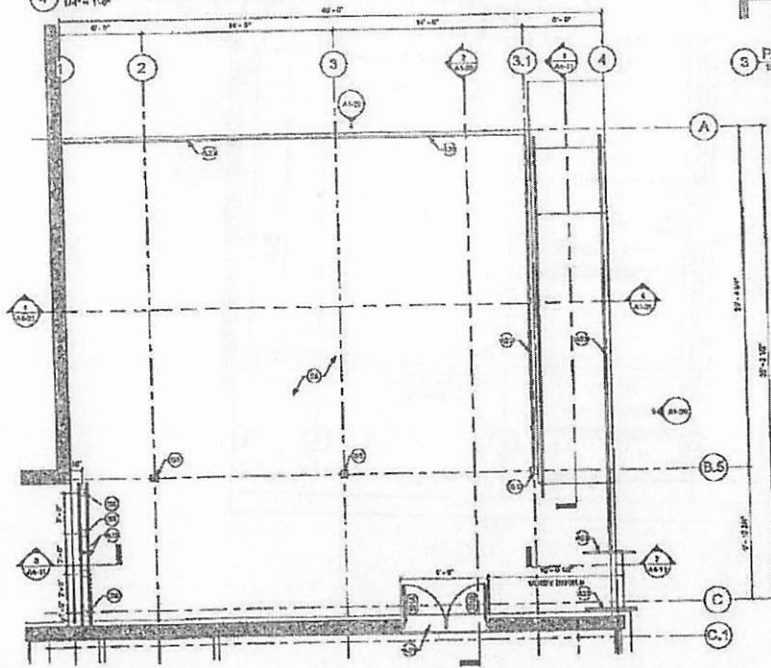


④ PATIO AND RAMP SECTION

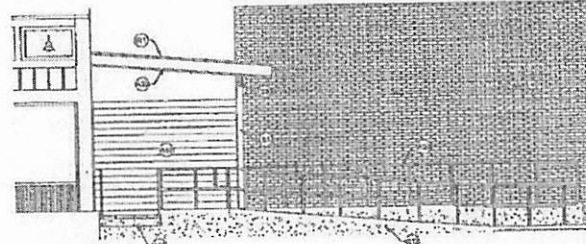
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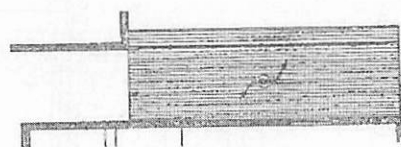
4 PATIO WEST ELEVATION
1/4" = 1'-0"



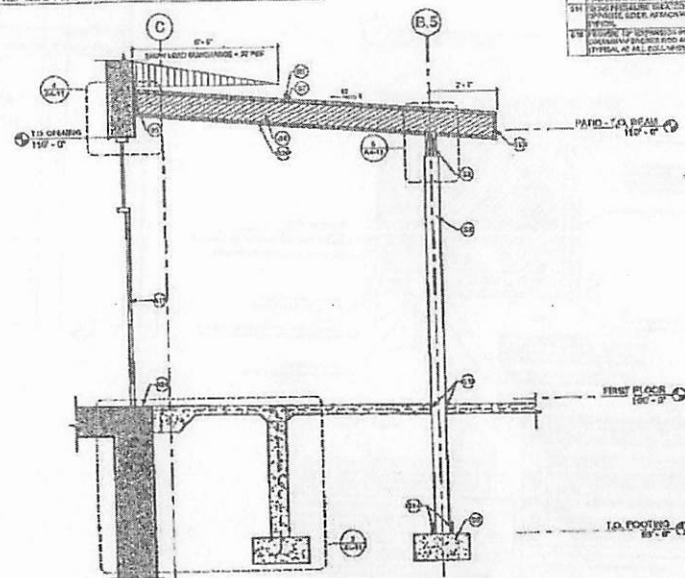
1 PATIO FLOOR PLAN
1/4" = 1'-0"



5 PATIO NORTH ELEVATION
1/4" = 1'-0"



3 PATIO REFLECTED CEILING PLAN
1/8" = 1'-0"



2 PATIO SECTION
1/2" = 1'-0"

SHEET NOTES

1. SEE FOUNDATION DRAWINGS FOR DETAIL OF FOUNDATION WALLS AND FOOTINGS. ALL FOUNDATION WALLS SHALL BE CONCRETE. ALL FOUNDATION WALLS SHALL BE FINISHED WITH 1/2" THICK PLASTER AND 1/2" THICK STUCCO. ALL FOUNDATION WALLS SHALL BE FINISHED WITH 1/2" THICK PLASTER AND 1/2" THICK STUCCO.
2. SEE FOUNDATION DRAWINGS FOR DETAIL OF FOUNDATION WALLS AND FOOTINGS. ALL FOUNDATION WALLS SHALL BE CONCRETE. ALL FOUNDATION WALLS SHALL BE FINISHED WITH 1/2" THICK PLASTER AND 1/2" THICK STUCCO. ALL FOUNDATION WALLS SHALL BE FINISHED WITH 1/2" THICK PLASTER AND 1/2" THICK STUCCO.
3. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.

KEYNOTE LEGEND

- | | |
|----|---------------|
| AT | ASPHALT |
| BT | BLOCK |
| CT | CONCRETE |
| DT | DRAINAGE |
| ET | EXTERIOR |
| FT | FOUNDATION |
| GT | GRASS |
| HT | HARDWARE |
| IT | INSULATION |
| JT | JOINT |
| KT | KITCHEN |
| LT | LANDSCAPE |
| MT | MATERIAL |
| NT | NOTES |
| OT | OUTDOOR |
| PT | PATIO |
| QT | QUARTERS |
| RT | ROOF |
| ST | STRUCTURE |
| TT | TERRACE |
| UT | UNDERGROUND |
| VT | VENTILATION |
| WT | WATER |
| XT | EXTERIOR WALL |
| YT | YARD |
| ZT | ZONING |



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GROUND SPECIALTY COFFEE OUTDOOR PATIO

LA CROSSE WISCONSIN

DATE	DESCRIPTION	BY

PROJECT NO. 14-10012
 PROJECT NAME: 10012 Project 14-10012
 DATE: 10/10/14
 DRAWN BY: JMS
 CHECKED BY: JMS
 COUNCIL: 10012 Project 14-10012
 CLIENT: PROJECT 14-10012

WILE

PATIO FLOOR PLAN

1/4" = 1'-0"

1/4" = 1'-0"

1/4" = 1'-0"

1/4" = 1'-0"

1/4" = 1'-0"

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1/4" = 1'-0"

1/4" = 1'-0"

FOOTING SCHEDULE						
MARK	LENGTH	WIDTH	THICKNESS		REINFORCEMENT	COMMENTS
			CONC. FOOTING	SLAB FOOTING		
F1		2'-0"	2'-0"		ALL EXPOSED CONCRETE AREAS	
F2	2'-0"	2'-0"	2'-0"		18 # 4 BARS SPACED @ 12" O.C.	18 # 4 BARS

SHEET NOTES

1. DUE TO LIMITED EMPLOYMENT OPPORTUNITIES, I AM APPOINTED TO A LIMITED NUMBER OF POSITIONS OF MY CHOICE. I AM CURRENTLY EMPLOYED AS A COMMUNITY RELATIONS AND COORDINATOR FOR THE NEW YORK STATE DEPARTMENT OF CORRECTIONS.
2. I AM CURRENTLY EMPLOYED AS A COMMUNITY RELATIONS AND COORDINATOR FOR THE NEW YORK STATE DEPARTMENT OF CORRECTIONS.
3. I AM CURRENTLY EMPLOYED AS A COMMUNITY RELATIONS AND COORDINATOR FOR THE NEW YORK STATE DEPARTMENT OF CORRECTIONS.

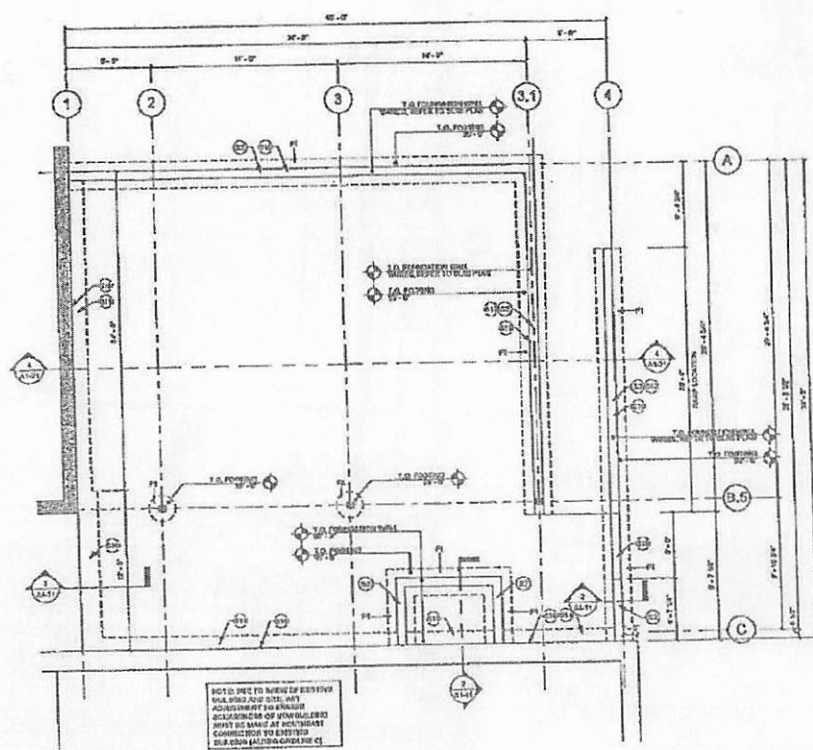
NOTE: OVERALL DIMENSIONS ARE TO FACE OF
EXISTING RAILROAD CROSSLING. VERIFY EXISTING
FOUNDATION WALL THICKNESS IN FIELD

WALL LEGEND

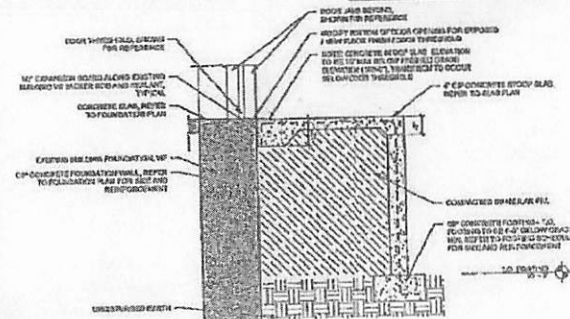
EXISTING CONSTRUCTION TO REMAIN	NEW CONSTRUCTION
<p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p> <p>4. <u> </u></p> <p>5. <u> </u></p> <p>6. <u> </u></p> <p>7. <u> </u></p> <p>8. <u> </u></p> <p>9. <u> </u></p> <p>10. <u> </u></p>	<p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p> <p>4. <u> </u></p> <p>5. <u> </u></p> <p>6. <u> </u></p> <p>7. <u> </u></p> <p>8. <u> </u></p> <p>9. <u> </u></p> <p>10. <u> </u></p>

KEYNOTE LEGEND

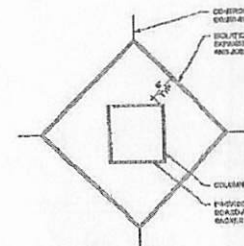
- [illegible]



1 FOUNDATION PLAN
1/4" = 1'-0"



② STOOP DETAIL
1/2" = 1'-0"



③ COLUMN ISOLATION DETAIL
1" = 1'-0"

THIS DOCUMENT IS THE PROPERTY OF SAIC GROUP,
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8021

**GROUND
SPECIALTY COFFEE**

OUTDOOR PATIO

LA CROSTTE

VISION:[illegible]

PROJECT NO. 1-4-1012
BY CLARENCE FOR THE DISTRICT OF COLUMBIA
DRAWING BY TERRY
CHECKED BY MATHIEU
DESIGNED BY HART
ORIGINAL ISSUE DATE 8/1/69
CLIENT PROJECT NO.

**FOOTING AND
FOUNDATION
PLAN**

48157

S1-11