

On State Highway?
 Yes No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department - Phone: (608)789-7505
 http://www.cityoflacrosse.org

Permit Number:
#

APPLICANT
 Name: Mariah Harter Company Name: I+B of La Crosse
 Address: 444 Main St #310 City: La Crosse State: WI Zip: 54601
 Phone #: (608) 792-8820 Cell #: () Fax #: (608) 782-3952
 Email: iandboflacrosse@gmail.com

1647220
160861

PROPERTY OWNER *If different from applicant
 Name: Chili + Idriz Sabani Company Name: Iand B of La Crosse
 Address: 444 Main St #310 City: La Crosse State: WI Zip: 54601
 Phone #: (608) 782-3942 Cell #: () Fax #: (608) 782-3952
 Email: _____

- ENCROACHMENT TYPE (Check one):**
- | | |
|---|--|
| <input checked="" 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 type="checkbox"/> OTHER: _____ | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:

Desired Start Date: _____
 Est. Completion Date: _____

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

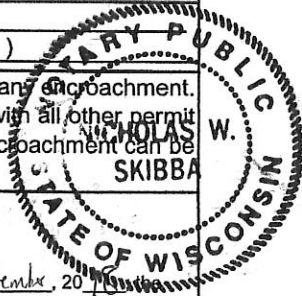
For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for an encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary 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 6th day of September, 2018
 above named Chili + Idriz Sabani to me known to be the
 person(s) who executed the foregoing instrument and acknowledged the
 same.

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****



Tax Parcel ID #: 17-20023-80 Notary Public, La Crosse County, WI
 My commission expires: 10/2/20

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: 9-6-2018

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Engineering Department, 400 La Crosse Street, 4th Floor, La Crosse WI 54601. With questions please contact the Engineering Department at (608)789-7505. 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: _____