

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: Perry McClellan Company Name: Charter
 Address: 1228 18th Ave S. City: Onalaska State: WI Zip: 54650
 Phone #: () Cell #: (608) 317-6213 Fax #: ()
 Email: perry-mcClellan@charter.com

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 checked="" 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:
See Attached Map - 70' O Bore Placing 2" Duct & Coax @ 40" Deep for 159 Buchner Place
 Desired Start Date: ASAP
 Est. Completion Date: 9/15/17

CONTRACTOR/SIGN CO.: Evolution **PERSON IN CHARGE:** Don Roberts
 Phone #: () Cell #: (920) 810-3408 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)
) SS.
 COUNTY OF LA CROSSE)
 Personally came before me this _____ day of _____, 20____, the above named _____ 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 #: _____
 Notary Public, _____ County, _____
 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: 8/17/17

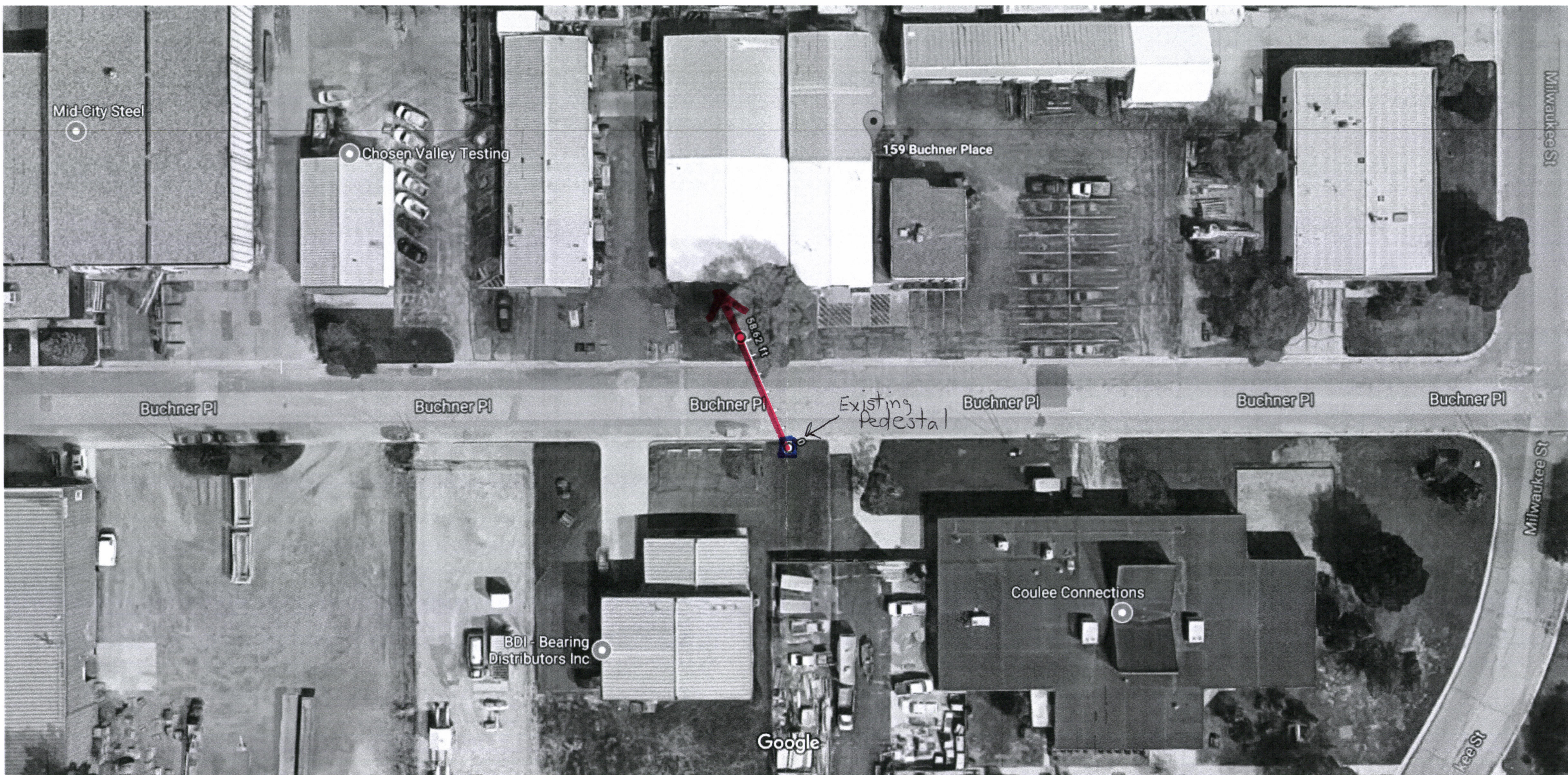
Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when 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 type="checkbox"/> Legal Description <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ _____ <input type="checkbox"/> Annual Permit Fee \$ _____ <input 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: _____

Google Maps

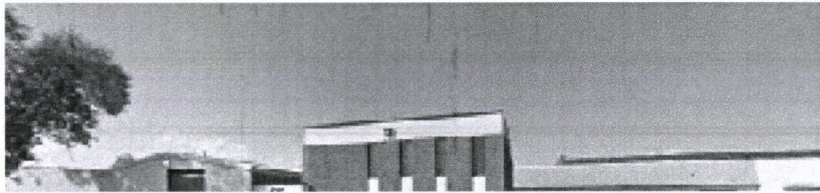
159 Buchner Pl

70 foot D Bore placing 2 inch Duct and Coax

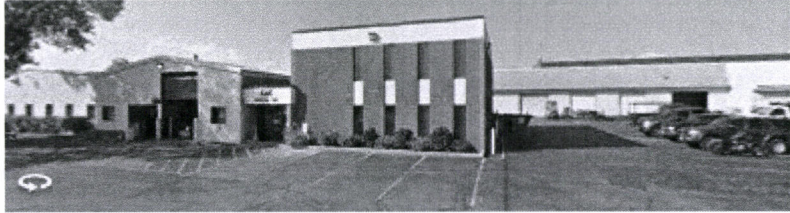


Imagery ©2017 Google, Map data ©2017 Google United States 50 ft

70 foot D. Bore
Placing 2" Duct & Coax @ 40" Deep



159 Buchner Pl
La Crosse, WI 54603



Measure distance
Total distance: 58.62 ft (17.87 m)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2016

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: StLouis.CertRequest@marsh.com Fax: 212-948-0811	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		
INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131	INSURER A : Commerce & Industry Insurance Company		NAIC # 19410
	INSURER B : National Union Fire Ins Co Pittsburgh PA		19445
	INSURER C : New Hampshire Insurance Company		23841
	INSURER D : ACE Property and Casualty Insurance Company		20699
	INSURER E : Insurance Company State Of Pennsylvania		19429
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** CHI-006004894-63 **REVISION NUMBER:** 8

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 INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3629906	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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			1921838 (AOS) 1921839 (MA) 1921840 (VA)	01/01/2017 01/01/2017 01/01/2017	01/01/2018 01/01/2018 01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XOOG28119616002	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	014649697 (AOS) 014649696 (MA) (WA) (WI) (WY) See Additional Page	01/01/2017 01/01/2017	01/01/2018 01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Excess Workers Compensation			6583134 (OH)	01/01/2017	01/01/2018	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(See reverse and/or attached for additional information)

CERTIFICATE HOLDER City of LaCrosse Attn: City Hall - Legal Dept. 400 LaCrosse Street LaCrosse, WI 54602-3396	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Workers Compensation Continued:

Carrier: New Hampshire Insurance Company
Policy Number: 014649698 (MN)
Effective Date: 01/01/2017
Expiration Date: 01/01/2018
Limits: Refer to Workers Comp limits on certificate

Carrier: New Hampshire Insurance Company
Policy Number: 014649699 (AZ) (IL) (KY) (NC) (NH) (NJ) (PA) (UT) (VA) (VT)
Effective Date: 01/01/2017
Expiration Date: 01/01/2018
Limits: Refer to Workers Comp limits on certificate

Carrier: New Hampshire Insurance Company
Policy Number: 014649700 (ME)
Effective Date: 01/01/2017
Expiration Date: 01/01/2018
Limits: Refer to Workers Comp limits on certificate

Carrier: New Hampshire Insurance Company
Policy Number: 014649701 (CA)
Effective Date: 01/01/2017
Expiration Date: 01/01/2018
Limits: Refer to Workers Comp limits on certificate

Carrier: New Hampshire Insurance Company
Policy Number: 014649702 (FL)
Effective Date: 01/01/2017
Expiration Date: 01/01/2018
Limits: Refer to Workers Comp limits on certificate



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Charter Communications, Inc. and their:

- subsidiaries, associated, affiliated and inter-related companies;
- controlled or majority (more than 50%) owned partnerships, limited liability companies;
- interest only in (or its subsidiaries' interest in) any other partnerships or joint ventures or limited liability companies;
- interest in (or its subsidiaries' interest in) any company or organization coming under its active management or control;
- any entity or party required to be insured under any contract or agreement which may now exist, may have previously existed, or may hereafter be created or acquired.

American Cable Entertainment Company, Athens Cablevision, LLC, Bresnan Broadband Holdings, LLC, Bresnan Broadband of Colorado, LLC, Bresnan Broadband of Montana, LLC, Bresnan Broadband of Utah, LLC, Bresnan Broadband of Wyoming, LLC, Bresnan Communications, LLC, Bresnan Digital Services, LLC, Bresnan Microwave of MT, LLC, Bright House Networks Information Systems (Alabama), LLC, Bright House Networks Information Systems (California), LLC, Bright House Networks Information Systems (Florida), LLC, Bright House Networks Information Systems (Indiana), LLC, Bright House Networks Information Systems (Michigan), LLC, Bright House Networks, LLC, Cable Equities Colorado, LLC, CC 10, LLC, CC Michigan, LLC, CC Systems, LLC, CC VIII Fiberlink, LLC, CC VIII Operating, LLC, CCO SoCal I, LLC, CCO SoCal II, LLC, Charter Advanced Services (AL), LLC, Charter Advanced Services (CA), LLC, Charter Advanced Services (CO), LLC, Charter Advanced Services (CT), LLC, Charter Advanced Services (GA), LLC, Charter Advanced Services (IL), LLC, Charter Advanced Services (LA), LLC, Charter Advanced Services (MA), LLC, Charter Advanced Services (MD), LLC, Charter Advanced Services (MI), LLC, Charter Advanced Services (MN), LLC, Charter Advanced Services (MO), LLC, Charter Advanced Services (MS), LLC, Charter Advanced Services (MT), LLC, Charter Advanced Services (NC) LLC, Charter Advanced Services (NE) LLC, Charter Advanced (NH), LLC Charter Advanced Services (NV), LLC Charter Advanced Services (NY), LLC Charter Advanced Services (OR), LLC Charter Advanced Services (SC), LLC Charter Advanced Services (TN), LLC Charter Advanced Services (TX), LLC Charter Advanced Services (UT), LLC Charter Advanced Services (VA), LLC Charter Advanced Services (VT), LLC Charter Advanced Services (WA), LLC Charter Advanced Services (WI), LLC Charter Advanced Services (WY), LLC Charter Advanced Services VIII (MI), LLC Charter Advanced Services VIII (MN), LLC Charter Advanced Services VIII (WI), LLC Charter Cable Partners, LLC Charter Communications Entertainment I, LLC Charter Communications Entertainment II, LLC Charter Communications Entertainment VII, LLC Charter Communications Operating, LLC Charter Communications Properties LLC Charter Communications VI, L.L.C. Charter Communications, LLC Charter Fiberlink - Alabama, LLC Charter Fiberlink - Georgia, LLC Charter Fiberlink - Illinois, LLC Charter Fiberlink - Maryland II, LLC Charter Fiberlink - Michigan, LLC Charter Fiberlink - Missouri, LLC Charter Fiberlink - Nebraska, LLC Charter Fiberlink - Pennsylvania, LLC Charter Fiberlink - Tennessee, LLC Charter Fiberlink AR-CCVII, LLC Charter Fiberlink CA-CCO, LLC Charter Fiberlink CC VIII, LLC Charter Fiberlink CCO, LLC Charter Fiberlink CT-CCO, LLC Charter Fiberlink LA-CCO, LLC Charter Fiberlink MA-CCO, LLC Charter Fiberlink MS-CCVI, LLC Charter Fiberlink NC-CCO, LLC Charter Fiberlink NH-CCO, LLC Charter Fiberlink NV-CCVII, LLC Charter Fiberlink NY-CCO, LLC Charter Fiberlink OH-CCO, LLC Charter Fiberlink OR-CCVII, LLC Charter Fiberlink SC-CCO, LLC Charter Fiberlink TX-CCO, LLC Charter Fiberlink VA-CCO, LLC Charter Fiberlink VT-CCO, LLC Charter Fiberlink WA-CCVII, LLC Charter Video Electronics, LLC DukeNet Communications LLC Falcon Cable Media, a California Limited Partnership Falcon Cable Systems Company II, L.P. Falcon Cablevision, a California Limited Partnership Falcon Community Cable, L.P. Falcon Community Ventures I Limited Partnership Falcon First Cable of the Southeast, LLC Falcon Telecable, a California Limited Partnership Falcon Video Communications, L.P. Hometown T.V., LLC HPI Acquisition Co. LLC Insight Communications Midwest, LLC Insight Communications of Central Ohio, LLC Insight Kentucky Partners II, L.P. Interlink Communications Partners, LLC Long Beach LLC Marcus Cable, LLC Marcus Cable Associates, L.L.C. Marcus Cable of Alabama, L.L.C. Midwest Cable Communications, LLC NaviSite LLC Oceanic Time Warner Cable LLC Peachtree Cable TV, L.P. Renaissance Media LLC Rifkin Acquisition Partners, LLC Robin Media Group, LLC Scottsboro TV Cable, LLC The Helicon Group, L.P. Time Warner Cable Business LLC Time Warner Cable Enterprises LLC Time Warner Cable Information Services (Alabama), LLC Time Warner Cable Information Services (Arizona), LLC Time Warner Cable Information Services (California), LLC Time Warner Cable Information Services (Colorado), LLC Time Warner Cable Information Services (Hawaii), LLC Time Warner Cable Information Services (Idaho), LLC Time Warner Cable Information Services (Illinois), LLC Time Warner Cable Information Services (Indiana), LLC Time Warner Cable Information Services (Kansas), LLC Time Warner Cable Information Services (Kentucky), LLC Time Warner Cable Information Services (Maine), LLC Time Warner Cable Information Services (Massachusetts), LLC Time Warner Cable Information Services (Michigan), LLC Time Warner Cable Information Services (Missouri), LLC Time Warner Cable Information Services (Nebraska), LLC Time Warner Cable Information Services (New Hampshire), LLC Time Warner Cable Information Services (New Jersey), LLC Time Warner Cable Information Services (New Mexico), LLC Time Warner Cable Information Services (New York), LLC Time Warner Cable Information Services (North Carolina), LLC Time Warner Cable Information Services (Ohio), LLC Time Warner Cable Information Services (Pennsylvania), LLC Time Warner Cable Information Services (South Carolina), LLC Time Warner Cable Information Services (Tennessee), LLC Time Warner Cable Information Services (Texas), LLC Time Warner Cable Information Services (Virginia), LLC Time Warner Cable Information Services (Washington), LLC Time Warner Cable Information Services (West Virginia), LLC Time Warner Cable Information Services (Wisconsin), LLC Time Warner Cable Internet LLC Time Warner Cable Media LLC Time Warner Cable Midwest LLC Time Warner Cable New York City LLC Time Warner Cable Northeast LLC Time Warner Cable Pacific West LLC Time Warner Cable Southeast LLC Time Warner Cable Sports LLC Time Warner Cable Texas LLC TWC Administration LLC TWC Digital Phone LLC TWC News and Local Programming LLC TWC Regional Sports Network I LLC Vista Broadband Communications, LLC

...and any corporation or other business organization other than a joint venture in which the Named Insured shown in the declarations has or acquires during the policy period an ownership of more than 50% and which is domiciled within the United States of America, its territories or possessions, Puerto Rico or Canada.

AGENCY CUSTOMER ID: 405245

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Charter Communications, Inc. 12405 Powerscourt Drive St. Louis, MO 63131	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RE: Franchise Agreement

The City of LaCrosse, its Officers, Boards, Commissions, Agents & Employees are added as Additional Insured but only with respects to the requirements of the written contract or agreement with the Named Insured. Additional Insured status becomes effective once the written contract or agreement is fully executed.