

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

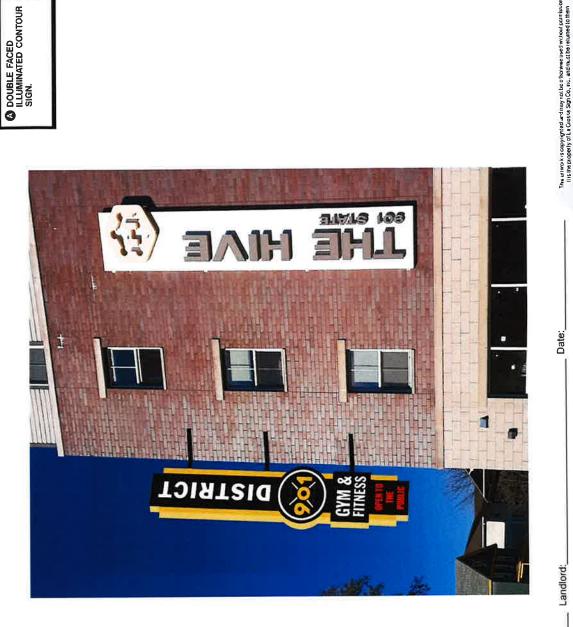
City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org http://cityoflacrosse.org

Address: 901 State Street City_La Crosse State; W _ Zip: 54601 Phone # 608-570-4246 Email Address Application Preparer (if different from above) Rebecca Clark Relationship with Owner: Director of Operations Phone # _608-570-4248 Email Address _info@greatriverproperties.com Description of Proposed Encroachment: New proposed sign Encroachment Address(es): 901 State Street, La Crosse, WI 54601 Benefiting Tax Parcel ID #(s): 17-20202-121 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 Wissonsin, and all ordinances, rules, regulations, policies and special conditions of the City of La Crosse. The applicant agrees to perform the work covered by an approved permit with diligence and convenience to the public. Signature of Owner: Date: G/18/2024 Print Name and Title: Rebecca Clark - Director of Operations Please return this completed application along with required information and fees noted on checklist below to; City of La Crosse, Promit with the public works agends for consideration. Once approved an agreement document will be critical once recorded with the County's Register of Deads department. Applicant shall obtain all other necessary permits as required by City Departments. Average completion time for validation 45 days. BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY Required items to be provided by Applicant: Certificate of Insurance (City as additional Insured) Initial Application / Annual Fee S Departments Department Application Initial Application / Annual Fee S Department Application Permit Number: City Utility Potential Conflict Notification and Sign-Off Department Department Department Department Department Department Department	Property Owner:Bradley Frahm / Pointe West Investments	
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City Utility Potential Conflict Notification and Sign-Off 2556	Certificate of Insurance (City as additional Insured)	Sign
230	Initial Application / Annual Fee \$	Permit Number:
	City Utility Potential Conflict Notification and Sign-Off All Fees are Non-Refundable & Subject to change by City Council	2556

SPECIFICATION NOTES

© DOUBLE FACED ILLUMINATED CONTOUR SIGN.





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Drawing by: MICHAEL V JOLIN Job Name: ART 123449 1 WALL Sign Type: WALL SIGN.

DESIGN

Date:

Approved by:

Date Created: 11/14/2023

Last Modified: 6/17/2024

Job File Location: Job 901 STATE STREET Address: LACROSSE WI, 54601

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COLOR KEY

FILE

SALES

Sales Consultant: JAMES FUCHSEL

Job Number: #123449

Scale:

ONALASKA | MADISON | EAU CLAIRE 1450 Oak Forest Drive - Onalaska, WI 54650 - 608-781-1450 2242 Mustang Way - Madison, WI 53718 - 608-222-5353 2502 Melby Street - Eau Claire, WI 54703 - 715-835-6189 La Crosse Sign Group