

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: Joshua Larson Company Name: Full Circle Supply
 Address: 531 Main St. City: La Crosse State: WI Zip: 54601
 Phone #: (608) 519-2110 Cell #: (608) 397-7499 Fax #: ()
 Email: fullcirclesupplyinfo@gmail.com

PROPERTY OWNER *If different from applicant
 Name: Ken Riley Company Name: RLR Properties of La Crosse, LLC
 Address: 950 Cass Street City: La Crosse State: WI Zip: 54601
 Phone #: (608) 784-9360 Cell #: (608) 792-9360 Fax #: ()
 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:
Moving an existing awning from 721 mark to 531 main. 17' x 6' x 4'

Desired Start Date: 5/11/16
Est. Completion Date: 5/11/16

CONTRACTOR/SIGN CO.: HUY 35 Signs **PERSON IN CHARGE:** Wes Lewis
 Phone #: (608) 779-944 Cell #: (608) 397-6561 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: Ken Riley

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 #: 17-20164-80 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: [Signature] Date: 5/9/16

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 checked="" type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached
	Legal Description <input checked="" type="checkbox"/>	NON-REFUNDABLE ANNUAL PERMIT FEE
	Certificate of Insurance <input checked="" type="checkbox"/>	\$ 106 Payable to City Treasurer (See fee schedule)
	Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/>	Check # <u>2008</u> Date Received: <u>5/10/16</u>
	Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/>	
	All items due prior to approval	

RETURN ADDRESS: Attorney Kevin J. Roop
Hale, Skemp, Hanson, Skemp & Steik
P. O. Box 1927
La Crosse, WI 54602-1927



1649597

LACROSSE COUNTY
REGISTER OF DEEDS
CHERYL A. MCBRIDE

RECORDED ON
12/18/2014 11:35AM
REC FEE: 30.00
TRANSFER FEE: 615.00
EXEMPT #:
PAGES: 5

WARRANTY DEED

THIS DEED is made between **Funke Properties, LLC**, a Wisconsin limited liability company, ("Grantor") and **RLR Properties of La Crosse, LLC**, a Wisconsin limited liability company ("Grantee").

Grantor, for valuable consideration, conveys and warrants to Grantee the following described real estate in La Crosse County, Wisconsin:

*47

This space reserved for recording information.

17-20164-080

Parcel Identification Number

The West 43 feet of the East 90 feet of Lots 5 and 6 in Block 1 of T. Burns, G. Farnam & P. Burn's Addition to the City of La Crosse, La Crosse County, Wisconsin. Together with the perpetual use for alley and roadway purposes of the North 10 feet of the East 47 feet of said Lot 5, La Crosse County, Wisconsin.

This is not homestead property.

Exception to warranties: municipal and zoning ordinances and agreements entered under them, recorded easements for the distribution of utility and municipal services, recorded building and use restrictions and covenants, and general and special taxes levied in the year of closing.

Dated this 17th day of December, 2014.

[Signature pages follow.]

BOARD OF ZONING APPEALS

La Crosse, WI
DECISION UPON APPEAL

JOSHUA LARSON having appealed from an order of the Building Inspector denying a permit with regard to the regulation that requires an awning sign to have a minimum of a 9-foot vertical clearance if above a pedestrian area

at a parcel known as 531 Main St., La Crosse, Wisconsin.

and described as:

T BURNS G FARNUM & P BURNS ADDITION W 43FT OF E 90FT LOTS 5 & 6 BLOCK 1 T/W ESMT OVER N 10 FT OF E 47FT LOT 5 LOT SZ: 43X106

and due notice having been given by mail to all City of La Crosse property owners and lessees within 100 feet of the property which is the subject of this appeal, and similar notice having been published in the La Crosse Tribune more than five (5) days prior to the time of the hearing hereon, and testimony having been received and heard by said Board in respect thereto, and having been duly considered, and being fully advised in the premises,

WHEREFORE, IT IS ORDERED: That the decision of the Building Inspector be: Affirmed Reversed

(See attached)

Dated this 16th of December, 2015

Date Filed: 17th of December, 2015

ATTEST Teri Lehrke
Teri Lehrke, Secretary

Douglas R. Farmer
Phil Nohr, Chairman
Douglas Farmer, vice chair

Concurring:

Tom Kuntz
Darlene Kessig
Carol Hayes

Stasias Kentry
Douglas R. Farmer

Dissenting:

The decision of the Board may be appealed to circuit court within 30 days of the decision being filed pursuant to Wisconsin Statute sec. 62.23(7)(e)10.

NOTE: WORK SHALL BEGIN WITHIN 180 DAYS AFTER THE DATE OF THIS DETERMINATION



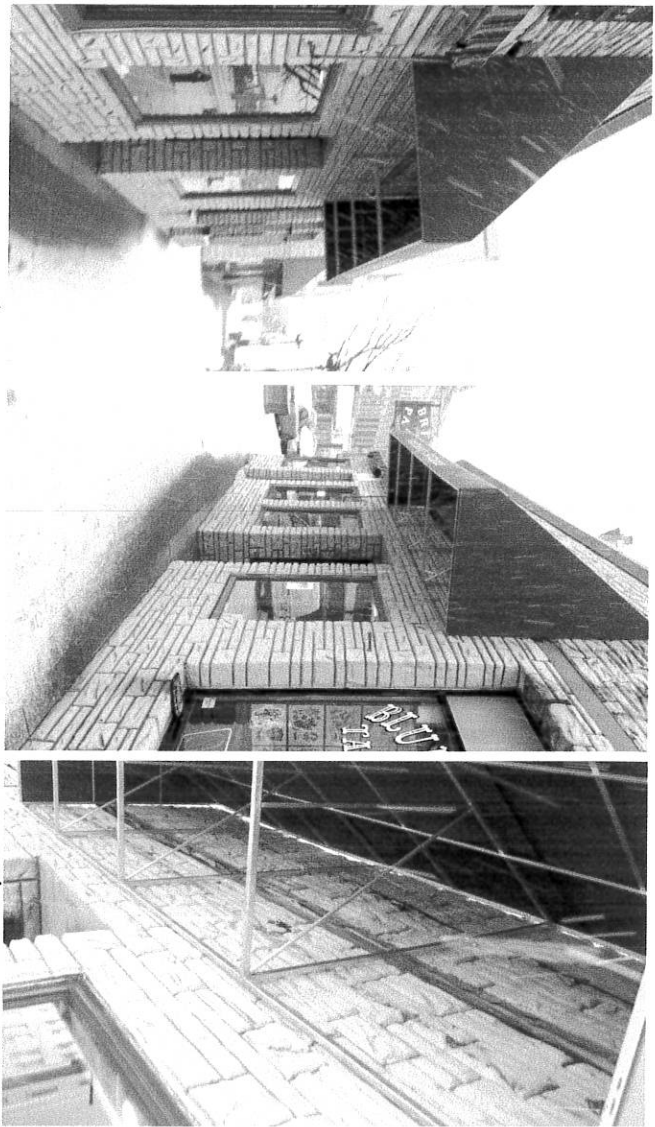
WORK ORDER

wes@qualitysignon2nd.com

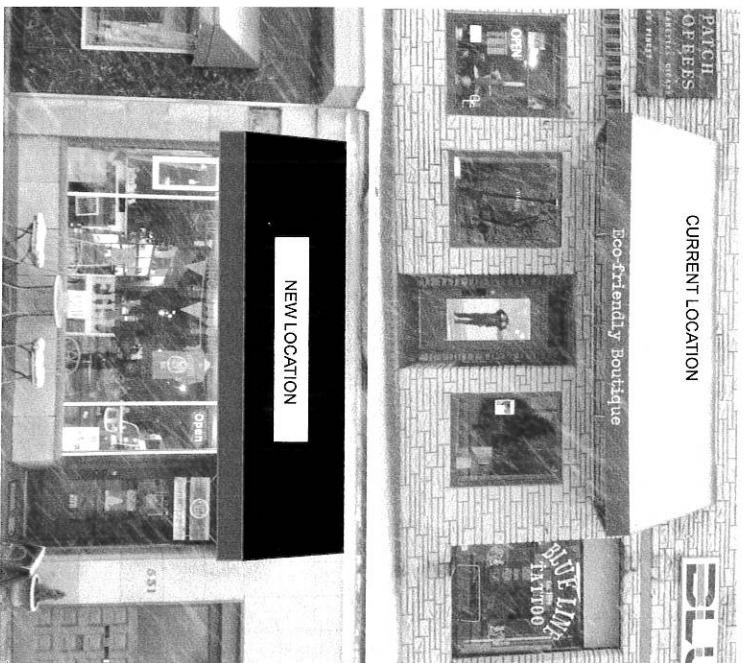
C - 608.397.6561

O - 608.779.9411

DATE: 02 / 03 / 2016 FILE: Full Circle awning WO 020316 PHONE: 608 519 2110
 DUE: 00 / 16 / 2016 SCALE: 0.125" = 1" ADDRESS: 521 main Street, La Crosse WI 54601 EMAIL: fullcirclesupplyinfo.com@gmail.com
 CLIENT: Josh Larson SIGN: awning CONTACT: Josh Larson WEBSITE:
 ORDER BY: Wes Lawis



Customer has all required permits.



1. Remove awning 1' sign panel x 4' deep x 6' tall x 17' wide with 1" X 1" square tube frame locate at 521 MainStreet, La Crosse WI 54601.
 2. Re-install awning 1' sign panel x 4' deep x 6' tall x 17' wide with 1" X 1" square tube frame using same hardware brackets down the same side of the street at 531MainStreet, La Crosse WI 54601.
- Job estimated for one boom truck two men for five hours



CERTIFICATE OF LIABILITY INSURANCE

RLRPR-1

OP ID: SP

DATE (MM/DD/YYYY)

05/11/2016

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 WISCONSIN INSURANCE CENTER 1062 Oak Forest Drive Ste 300 Onalaska, WI 54650 Sara Pochanayon	CONTACT NAME: Sara Pochanayon	
	PHONE (A/C, No, Ext): 608-781-6733	FAX (A/C, No): 608-781-6785
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Auto-Owners Insurance Company		18988
INSURED RLR Properties LLC Ken Riley, Dick Record 950 Cass St La Crosse, WI 54601	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			61907483 15	12/17/2015	12/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section			61907483 15	12/17/2015	12/17/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of La Crosse is listed as an Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

CITY005

City of La Crosse
 400 La Crosse St.
 La Crosse, WI 54601

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
 Sara Pochanayon

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