On State	Highway?
On State Yes	□ No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION City of La Crosse Legal Department - Phone: (608)789-7511 http://www.cityoflacrosse.org

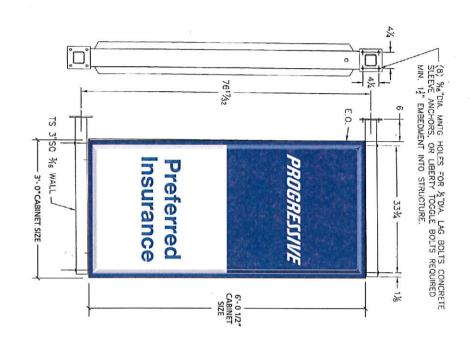
Permit Number:

APPLICANT		2	
Name: Hannah Haggerty	Compa	any Name: La Crosse	Sign Group
Address: 1450 Oak Forest Drive	City: Onalaska	State:	WI Zip: 54650
Phone #: (608) 781-1450	Cell #: ()		Fax #: (608) 781-1451
Email: hannah.haggerty@lacro	ssesign.com		*
PROPERTY OWNER *If different Name: Tony Rausa		ony Namo: 4th & King	St Condominiums LLC
Address: 181 Sand Lake Rd	City: Onalaska	any Name: 4th & King State:	
Phone #: (319) 269-3312	Cell #: ()	State.	<u>WI</u> Zip: <u>54650</u> Fax #: ()
Email: trausa@preferredrate.ne			1 dx #. (
	and Will all the parties of the control of the cont		description of the second of t
ENCROACHMENT TYPE (Check AWNING/ON-PREMISE SIGN/O FIRE ESCAPE/ RESCUE PLAT VENDING MACHINE/NEWSBO UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SYS OTHER:	OVERHEAD HEATER/CANOPY FORM/BALCONY X	☐ AE ☐ GI ☐ BO	UTDOOR DINING AREA ESTHETIC APPURTENANCE ROUNDWATER MONITORING WELL DATHOUSE/HOUSEBOAT FF-PREMISE SIGN
DESCRIPTION OF ENCROACHM Install () one DIF le	1/2" x 3' 1/1uminate	MED: ed projection noman the	Desired Start Date: 4/2018 Est. Completion Date: 4/2018
CONTRACTOR/SIGN CO.: La	Crosse Sign Group	PERSON IN CHAR	GE: Hannah Haggerty
Phone #: (608) 781-1450	Cell #: ()		Fax #: (608) 781-1451
mi 2440 W 1850	- Mills Mills	hmitted at least 45 days	prior to the need for any encroachment.
Notwithstanding approval of the ap	oplication, a permit is not valid	until it is signed, record	ed and compliance with all other permit tained before the encroachment can be
I authorize the applicant listed above to	apply for a Street Privilege Perm	it STATE OF MICCONOL	
through the City of La Crosse.	Tappy is a street in the getter than	T STATE OF WISCONSIN))SS.
Property Owner Signature:		COUNTY OF LA CROS Personally came before above named	me this 22 day of March, 20 18, the
A signed letter from the property owne	r or management company may be	e Anthony	Causa to me known to be the
used in lieu of this signature **	percent and a second to		the foregoing instrument and acknowledged the
Signature of Property Owner must be	notarized **	same.	
Tax Parcel ID #: 17 - 403	72-120	Notary Public, La Ly My commission expires:	
I certify that I have reviewed the N	Municipal Code and understand	d all that is related to the	is permit request. I further certify that I
have the full authority to make th	ne foregoing application; the i	nformation in the applic	cation 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 sp	pecial conditions of the City of	La Crosse. The applic	ant agrees to perform the work or use
covered by an approved permit wi	th diligence and convenience	to the public. After appr	oval, applicant shall be responsible for
obtaining any final documents and	l follow all procedures as defir	ned in the City Municipa	al Code. Approval of this application is
subject to the conditions that appear	ar in the actual permit to be sign	ned after approval is obt	ained.
Signature of Applicant:	Haggerth	Date:	22/18
Please return this completed applic	cation along with required inform	nation and fees noted or	checklist to: City of La Crosse, Legal
Department, 400 La Crosse Street	6th Floor, La Crosse WI 5460	With questions pleas	e contact the Legal Department at
(608)789-7511. You will then be gi	iven notice of when your reque	st will be on the Board of	f Public Works agenda
Approved By:	Required items to be provided I Scale drawing of encroachment	hu Annilonna	ded Areas to be Completed by City Staff
er in the life of the late of the late	Legal Description		
	Certificate of Insurance	님 ㅁ	Special Conditions of Approval Attached
Approval Date:	Initial Application Fee \$	□ NON-RE	FUNDABLE ANNUAL PERMIT FEE
Bloom to the control of the control	Annual Permit Fee \$		ayable to City Treasurer (See fee schedule)
	All items due prior to a	approval Check #	Date Received:



ONE (1) CUSTOM PAN FORMED 6'-0 1/2"x 3'-0" DF FLAG MOUNT SIGN

PREFERRED INSURANCE . LACROSSE, WI . PROGOS



ONE (1) PAN FORMED 6'-0 1/2" x 3'- 0" (36" x 72 1/2") CABINET

Retainer: 1 1/8"

- One Color: PMS # 661 2nd Surface Application
- Top 50% Logo Area Bottom 50% Imprint Area
- Progressive logotype in White on a Blue Background & Returns
- Agent imprint: 3M #3630-157 Sultan Blue Vinyl First Surface on White lower portion / White returns on 3 sides

Font: Helvetica Neue Lt Std.

Aluminum cabinet painted to match PMS #661 Blue

Note: Dimensions are Approximate and Subject to Change Pending Review by Dualite Engineering

WILLIAMSBURG, OHIO · CEDAR HILL, TEXAS

Dualite

Dualite Sales & Service, Inc.

One Dualite Lane Williamsburg, Ohio 45176

Scale: 1/2" = 1'- 0"

Date: 3-8-18

Dualite Sales & Service, Inc.

ineering.		Blue	PMS 661	3M Sultan Blue #3630-157	Plasti-Print 2940 Blue
Sketch No. 18-2-14-D-PROG-A2	A2 MB	Approv	oval:		

APPROVAL:

PROGRESSIVE COLOR SPECS 2005 LOGO

COLOR

PMS (PAINT)

VINYL

HEAT TRANSFER

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Parcel Search |

Permit Search

301 4TH ST S LA CROSSE

Municipality:

City of La Crosse 17-40372-120

Record Status: Internal ID:

64471 Current

Parcel

Print View

Taxes

Parcel Information:

Township: On Current Tax Roll: Total Acreage: Record Status: Municipality: Internal ID: Parcel: 0.007 64471 15 Yes Current City of La Crosse 17-40372-120

Qtr:

Section: Range:

90

History

Permits

Deeds

Assessments

Outstanding Taxes

07

Legal Description:

1ST ADDENDUM TO MARKET SQUARE CONDOMINIUMS UNIT 2

Property Addresses:

415 KING ST APT 501 415 KING ST APT 502 415 KING ST APT 503 325 4TH ST S 321 4TH ST S 411 KING ST 415 KING ST APT 500 317 4TH ST S 313 4TH ST S 309 4TH ST S 305 4TH ST S 301 4TH ST S Street Address LA CROSSE City(Postal)

417 KING ST

415 KING ST APT 504

LA CROSSE

	Ourpers / Accordations:
LA CROSSE	401 KING ST
LA CROSSE	415 KING ST
LA CROSSE	415 KING ST APT 902
LA CROSSE	KING
	KING
LA CROSSE	415 KING ST APT 802
LA CROSSE	KING
	KING ST APT
LA CROSSE	415 KING ST APT 710
LA CROSSE	415 KING ST APT 709
LA CROSSE	415 KING ST APT 708
LA CROSSE	415 KING ST APT 707
LA CROSSE	
LA CROSSE	415 KING ST APT 705
LA CROSSE	KING
LA CROSSE	KING ST APT
LA CROSSE	KING
I A CROSSE	SI I
LA CROSSE	415 KING ST APT 606
LA CROSSE	ATE KING ST ART 605
LA CROSSE	415 KING ST APT 603
LA CRUSSE	415 KING ST APT 602
LA CROSSE	415 KING ST ADT 600
LA CROSSE	415 KING ST APT 512
LA CROSSE	415 KING ST APT 511
LA CROSSE	KING ST APT
LA CROSSE	415 KING ST APT 509
LA CROSSE	415 KING ST APT 508
LA CROSSE	415 KING ST APT 507
LA CROSSE	415 KING ST APT 506
LA CROSSE	415 KING ST APT 505
<u>City(Postal)</u>	Street Address

Owners/Associations:

Name 4TH & KING ST CONDOMINIUMS LLC Relation Owner

Districts:

Mailing Address 181 SAND LAKE RD

<u>City</u> ONALASKA

State Zip Code WI 54650

Additional Information

Category 2012+ VOTING SUPERVISOR 2012 + VOTING WARDS POSTAL DISTRICT

Description
2012+ Supervisor District 6
2012+ Ward 7
LACROSSE POSTAL DISTRICT 54601

Lottery Tax Information **①**

Lottery Credits Claimed: Lottery Credit Application Date:

0

La Crosse County Land Records Information (Ver. 2017.11.16.0)

Site Disclaimer

4TH&KIN-01

CVANRIPER

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

07/20/2017

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 have ADDITIONAL INSURED provisions or 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).

	is certificate does not confer rights to							require an endorsemen	i. A 510	itement on
PRO	DUCER				CONTAI NAME:	СТ				
	Insurance Center Sand Lake Road				PHONE (A/C, No	o, Ext): (800) 3	362-8046	FAX (A/C, No):	608) 7	83-8155
	laska, WI 54650-2442					ss: ticgener			i.i.	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	R A : Genera				
INSU	RED				INSURE					
	4th & King St. Condominium	s LL	С		INSURE	RC:				
	181 Sand Lake Road				INSURE	RD:				
	Onalaska, WI 54650				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
CI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	DELIVI	POLICY EFF	POLICY EXP	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLIGI NOWIBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	CLAIMS-MADE X OCCUR	х		CC10960388		07/11/2017	07/11/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	7, 55551.	^		331000000		31,11,2017	31,1112010		\$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							PRODUCTS - COMP/OF AGG	\$	No. 18 2012 - 1900 - 1900 - 1900
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO		ļ.					BODILY INJURY (Per person)	\$	
ŀ	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(1 or accident)	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE	Х		CCU0960387		07/11/2017	07/11/2018	AGGREGATE	\$	
	DED X RETENTION\$ 0							Aggregate	\$	1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
		N/A						E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
City of La Crosse 400 La Crosse St					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	La Crosse, WI 54601				AUTHO	RIZED REPRESE	NTATIVE			
					T	4190	_			
					1	2001-101	in			

ACORD