

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: Al Neitzel Company Name: Mayo Clinic Health System-Franciscan Health
 Address: 700 West Avenue South City: La Crosse State: WI Zip: 54601
 Phone #: (608) 392-7570 Cell #: (608) 385-5585 Fax #: (608) 392-7579
 Email: neitzel.alvin@mayo.edu

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 type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input type="checkbox"/> BOATHOUSE/HOUSEBOAT
<input checked="" type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
water supply for community gardens at 921 Ferry Street

Desired Start Date: 10-8-15
 Est. Completion Date: 10-8-15

CONTRACTOR/SIGN CO.: Coulee Region Mechanical **PERSON IN CHARGE:** Bill Lonzel
 Phone #: (608) 783-6950 Cell #: (608) 304-0915 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.

Property Owner Signature: [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 #: 17-30053-40

ERIK RITTER
 STATE OF WISCONSIN
 COUNTY OF LA CROSSE
 Notary Public
 My commission expires: 10/30/2016

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: 10-8-15

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.

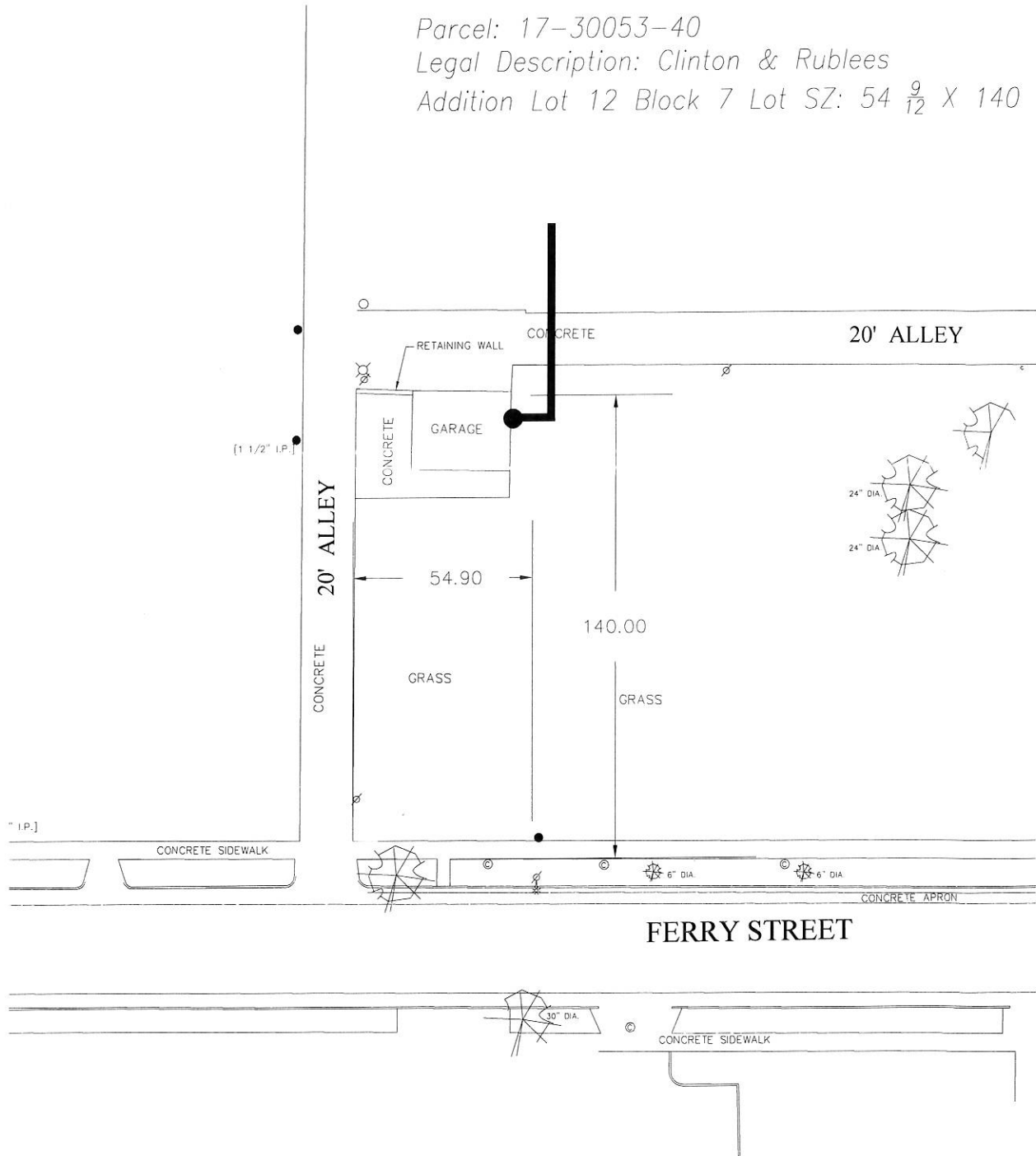
Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment Legal Description Certificate of Insurance Initial Application Fee \$ <u>50</u> Annual Permit Fee \$ <u>50</u> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

Proposed Water Line Location

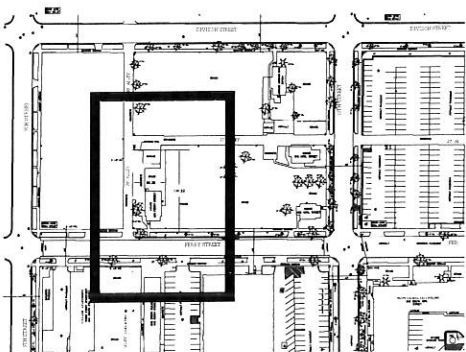
Parcel: 17-30053-40

Legal Description: Clinton & Rublees

Addition Lot 12 Block 7 Lot SZ: $54 \frac{9}{12} \times 140$



Project Location



921 Ferry Street
Project #15-0020

La Crosse Campus
Site Plan



05-2015
ADN

921 FERRY ST LA CROSSE

Parcel: 17-30053-40
 Internal ID: 31252
 Municipality: City of La Crosse
 Record Status: Current
 On Current Tax Roll: Yes
 Total Acreage: 0.176
 Township: 15
 Range: 07
 Section: 05
 Qtr: SE-NW

Abbreviated Legal Description:

CLINTON & RUBLEES ADDITION LOT 12 BLOCK 7 LOT SZ: 54 9/12 X 140

Property Addresses:

Street Address	City(Postal)
921 FERRY ST	LA CROSSE

Owners/Associations:

Name	Relation	Mailing Address	City	State	Zip Code
FRANCISCAN SKEMP MEDICAL CENTER INC		700 WEST AVE S	LA CROSSE	WI	54601

Districts:

Code	Description	Taxation District
2849	LA CROSSE SCHOOL	Y
3	Book 3	N

Additional Information:

Code	Description	Taxation District
2012+ VOTING SUPERVISOR	2012+ Supervisor District 8	
2012 + VOTING WARDS	2012+ Ward 15	
POSTAL DISTRICT	LACROSSE POSTAL DISTRICT 54601	

Lottery Tax Information:

Lottery Credits Claimed: 0
 Lottery Credit Application Date:

Tax Information:**Billing Information:**

Bill Number: 0

Billed To: FRANCISCAN SKEMP MEDICAL CENTER INC
700 WEST AVE S
LA CROSSE WI 54601

Total Tax: 0.00

Payments Sch.

	0.00
7-31-2015	0.00

Tax Details:

	Land Val.	Improv Val.	Total Val.	Assessment Ratio	0.956124557
Assessed:	0	0	0	Mill Rate	0.000000000
Fair Market:	0	0	0	School Credit:	0.00
Taxing Jurisdiction:			2013 Net Tax	2014 Net Tax	% of Change
	Credits:				
				First Dollar Credit:	0.00
				Lottery Credit:	0.00
	Additional Charges:				
				Special Assessment:	0.00
				Special Charges:	0.00
				Special Delinquent:	0.00
				Managed Forest:	0.00
				Private Forest:	0.00
				Total Woodlands:	0.00
				Grand Total:	0.00

Payments & Transactions

Desc.	Rec. Date	Rec. #	Chk #	Total Paid	Post Date	C
			Totals:	\$ 0		

Assessment Information:

Class	Description	Year	Acreage	Land	Improvements	Total	Last Modified
X4	Other (Churches,Schools,Roads,etc)	2014	0.000	0	0	0	3/25/1998

Deed Information:

The following documents are those that impact the transfer of ownership or the legal description of the parcel. There may be other documents on file with the Register of Deeds Office.

Volume Number	Page Number	Document Number	Recorded Date	Type
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Volume Number	Page Number	Document Number	Recorded Date	Type
805	118	1001108	10/13/1987	Warranty Deed
1604	520	1309982	5/1/2002	Quit Claim Deed

Outstanding Taxes

There are no outstanding taxes for this property.

Permits Information:

Municipality: City of La Crosse
 Property Address: 921 FERRY ST

Click on the permit number for additional details regarding the permit.

Description	Per. #	Applicant Name	Status	Status Date	Activity
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History Information:

Parent Parcel(s)

There are no parent parcels for this property.

Child Parcel(s)

There are no child parcels for this property.



200 First Street SW
Rochester, Minnesota 55905
507-284-2511
mayoclinic.org

August 12, 2015

CERTIFICATE OF INSURANCE

RE: Mayo Clinic Health System – Franciscan Healthcare, Inc.
SUBJECT: General Liability Coverage
Right-of-Way Encroachment – 921 Ferry Street, La Crosse, WI

To Whom It May Concern:

Mayo Clinic Health System – Franciscan Healthcare, Inc. is covered for its Comprehensive General Liability exposure through a policy issued by *Mayo Insurance Company Limited*, under policy No. 272-1-05011. Coverage is on an occurrence basis with limits of \$1,000,000.

This coverage extends to the right-of-way encroachment at 921 Ferry Street in La Crosse, Wisconsin. The City of La Crosse, its officials, employees and agents is listed as an additional insured as their interest may appear in relation to this activity.

Sincerely,

A handwritten signature in black ink that reads "Dawn Macken".

Dawn M. Macken
Risk Manager



CERTIFICATE OF INSURANCE

DATE:
1-Jan-2015

PRODUCER 345-949-7988
MARSH MANAGEMENT SERVICES CAYMAN LTD.
GOVERNORS SQUARE, BUILDING 4, 2ND FLOOR
23 LIME TREE BAY AVENUE
PO BOX 1051
GRAND CAYMAN KY1-1102
CAYMAN ISLANDS

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mayo Clinic
(and all Insureds listed in the policy)

COMPANY AFFORDING COVERAGE

A MAYO INSURANCE COMPANY LIMITED

COVERAGES

This is to certify that the Policies listed below have been issued to the Named Insured 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.

TYPE OF INSURANCE		Co LTR	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		A	272-1-05011/15	1/1/2015	1/1/2016	COMBINED ANNUAL AGGREGATE*	\$20,000,000
X	COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OP AGGREGATE	
						PERSONAL ADV INJURY	
	CLAIMS MADE					EACH OCCURRENCE	\$5,000,000
X	OCCURRENCE					FIRE DAMAGE	
PROFESSIONAL LIABILITY						EACH MEDICAL INCIDENT	
	OCCURRENCE					COMBINED ANNUAL AGGREGATE*	
EXCESS LIABILITY						EACH CLAIM	
	UMBRELLA FORM					COMBINED ANNUAL	

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Evidencing coverage is in effect for the Certificate Holder.

CERTIFICATE

Mayo Clinic Health System - Franciscan Healthcare, Inc. / Mayo Clinic Health System - Franciscan Medical Center, Inc.
(and its subsidiaries)
700 West Avenue South
LaCrosse, WI 54601-4796

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Marsh Management Services Cayman Ltd.