

On State Highway?:
 Yes No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Public Works Department - Phone: (608)789-7599
<http://www.cityoflacrosse.org>

Permit Number:
#

APPLICANT
 Name: Nicholas Weber Company Name: Third and Pine, LLC
 Address: 102 Jay Street, Suite 400 City: La Crosse State: WI Zip: 54601
 Phone #: (608) 782-5029 Cell Phone #: () Fax #: () Email: nick@weber-holdings.com

PROPERTY OWNER *If different from applicant
 Name: _____ Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: () Cell Phone #: () 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 type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input checked="" type="checkbox"/> OTHER: <u>Footings encroaching into City's right of way</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Pad footings encroaching into right of way

Desired Start Date: 8/1/16
 Est. Completion Date: 6/1/17

CONTRACTOR/SIGN CO.: CD Smith Construction PHONE: (92) 924-2900 FAX: ()
PERSON IN CHARGE OF WORK: Cory Henschel CELL PHONE: (920) 904-1890

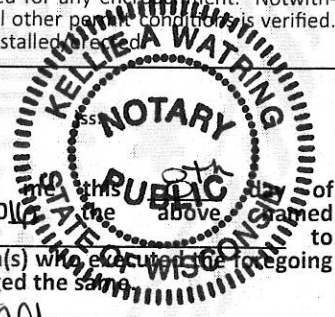
For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse

Property Owner Signature: Nicholas Weber
 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 **

STATE OF WISCONSIN)
)
 COUNTY OF LA CROSSE)
)
 Personally came before me this 14th day of JULY 2016 at the above named place to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Kellie A. Watring
 Notary Public, La Crosse County, WI
 My commission expires: 03/14/20



Tax Parcel ID #: _____

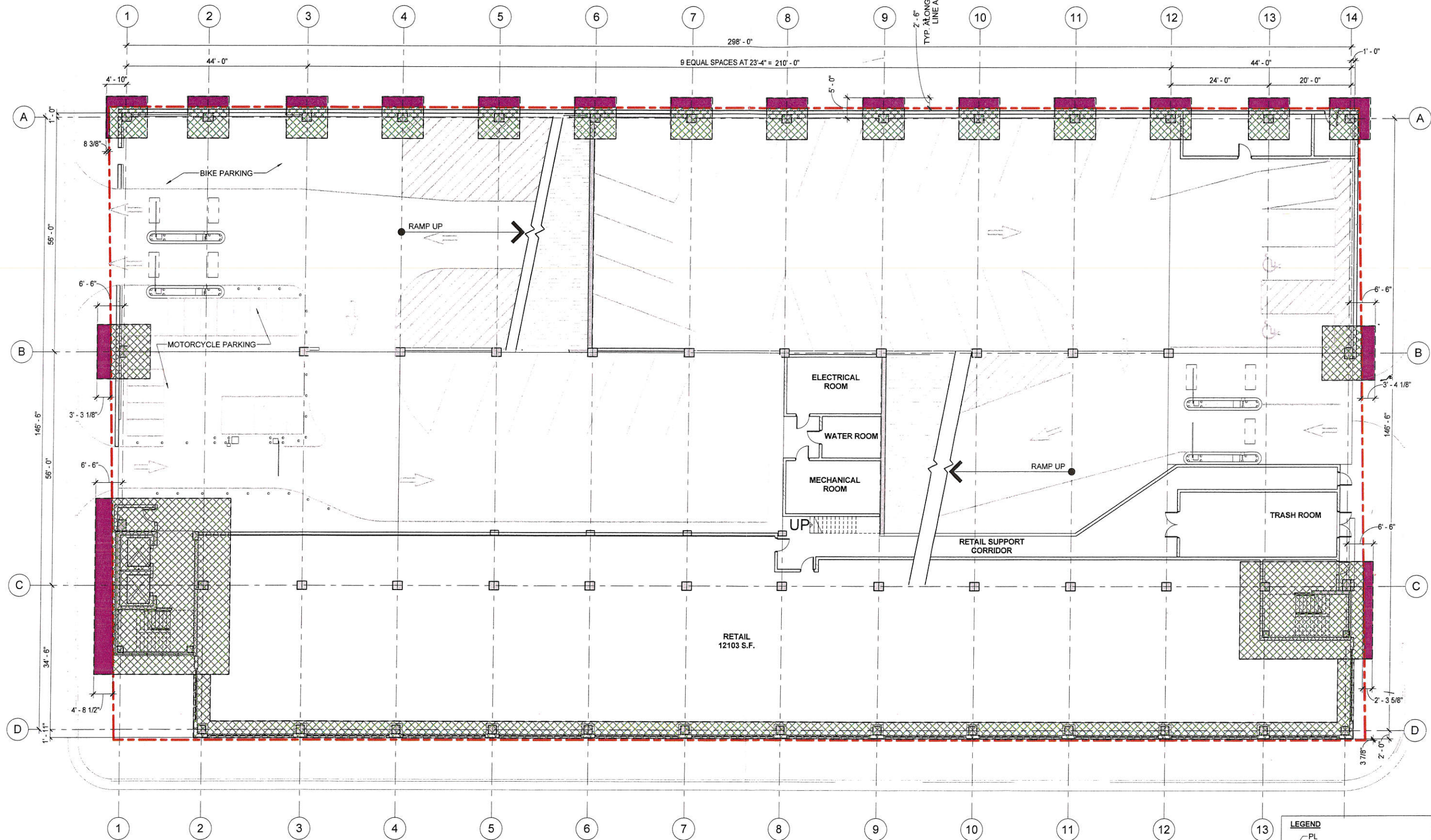
I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed 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: Nicholas Weber Date: 7/18/16

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Board of Public Works, Public Works Department, 400 La Crosse Street, 5th Floor, La Crosse, WI 54601, With questions, please contact Public Works at (608) 789-7599. 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"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50-</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50-</u> <input checked="" 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: _____

PROPOSED FOUNDATION ENCHROACHMENT



LEGEND

- PL (dashed line) — PROPERTY LINE
- PL (solid line) — OUTSIDE OF PL
- PL (hatched area) — INSIDE OF PL

3rd AND VINE PARKING STRUCTURE

222 PINE STREET, LACROSSE, WI

May 3, 2016

EXHIBIT A
LEGAL DESCRIPTION

The Legal Description of the Property is the following:

Lots 6,7,8,9 and 10 in Block 17 of the Original Plat of the Town of La Crosse, now City of La Crosse, La Crosse, County, Wisconsin.

Property Address: 222 Pine Street, 311 3rd Street N., and 325 N. 3rd Street, La Crosse, WI

Tax Key No: 17-2000-050



INSURANCE BINDER

TKAKUSKA

DATE (MM/DD/YYYY)
5/31/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601		COMPANY The Cincinnati Insurance Company		BINDER # 15797	
PHONE (A/C, No, Ext): (608) 784-4854		FAX (A/C, No): (608) 784-4774		DATE EFFECTIVE 5/31/2016	
CODE: 48077		SUB CODE:		TIME 12:01	
AGENCY CUSTOMER ID: WEBEHOL-01		DATE EXPIRATION 7/14/2016		TIME 12:01 AM	
INSURED AND MAILING ADDRESS Third and Pine, LLC 328 South Front Street La Crosse, WI 54601		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			
DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) - 325 N. Third Street - 311 3rd Street N. - 222 Pine Street La Crosse, WI					

COVERAGES	COVERAGE / FORMS	LIMITS		
		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000
VEHICLE 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 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT		\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ 5,000,000 \$ \$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$
SPECIAL CONDITIONS / OTHER COVERAGES				

NAME & ADDRESS		MORTGAGEE		ADDITIONAL INSURED	
		LOSS PAYEE			
		LOAN #:			
		AUTHORIZED REPRESENTATIVE			
		<i>Tim Karkl</i>			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

CITY OF LA CROSSE
400 LA CROSSE ST
LA CROSSE, WI 54601-3374

- A. SECTION II - WHO IS AN INSURED** is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of your operations or premises owned by or rented to you.
- B.** The following exclusion is added to **SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions** and **SECTION I - COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions**:
- The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence or willful misconduct of, or for defects in design furnished by, the additional insured or its "employees".
- C. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance** is amended to include:
- Any insurance provided by this endorsement shall be primary to other insurance available to the additional insured except:
- a. As otherwise provided in **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 5. Other Insurance**; or
 - b. For any other valid and collectible insurance available to the additional insured as an additional insured by attachment of an endorsement to another insurance policy that is written on an excess basis. In such case, the coverage provided under this endorsement shall also be excess.