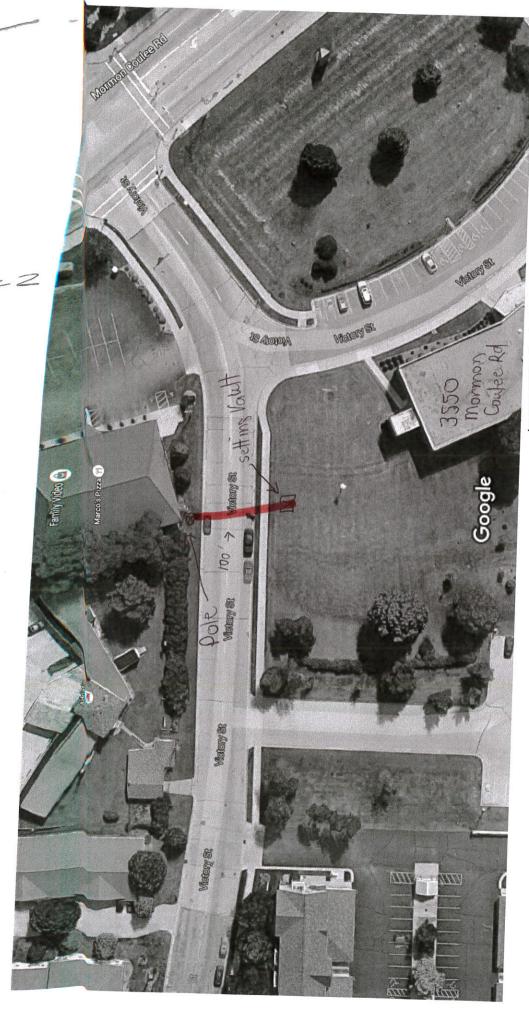
On State	Highway?
☐ Yes	Highway?

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

Permit Number:

Name: Perry Mc	Clellan	_ Company Name: _	Charter		
Address: 1227 12th Ave	Sq. City:	Onalaska	State: W	I Zip:	54650
Phone #: ()	Cell #:	(609) 317 - 621		ax #: ()
Email: perry mccelar	a Ochanter, co				
PROPERTY OWNER *If differe	nt from applicant				
Name:	01.31	_ Company Name: _			
Address:	City:		State:	Zip:	
Phone #: () Email:	Cell #:		F	ax #: <u>(</u>)
ENCROACHMENT TYPE (Chec					
AWNING/ON-PREMISE SIGI		ANOPY		OR DINING ARI TIC APPURTE	
☐ VENDING MACHINE/NEWS				DWATER MON	
UNDERGROUND WIRES AN	ID INFRASTRUCTURES			DUSE/HOUSEB	
AUTOMATIC IRRIGATION S	YSTEM/SIDEWALK ENCR	COACHMENT	☐ OFF-PR	EMISE SIGN	
OTHER:					
DESCRIPTION OF ENCROACH	MENT/WORK TO BE P	111	, all D	esired Start Da	ite:
Ouet a Coax to 355		" Deep Plac	na a	HSHY st. Completion	Data
JAC RESIGN 10 355	- ITTOTATON CONTER	7.0		7/1/14	Date:
CONTRACTOR/SIGN CO.:	Evalution	PERSON	IN CHARGE:	Don Rabe	inte.
Phone #: ()	Cell #:	(920) 810 3408		1X#: ()
For timely review, City Ordinance					
Notwithstanding approval of the	annlication a normit is t	ns de submitted at leas	st 45 days prior t	o the need for	any encroachment.
conditions is verified. All necess	ary permits from other C	ity Denartments must	also he obtained	hefore the en	croachment can be
installed/erected.	ary portinto from other o	ny Dopartmente muet	also be obtained	before the en	croaciment can be
I authorize the applicant listed above	to apply for a Street Privile	ege Permit STATE OF	WISCONSIN)		
through the City of La Cross€.		O STATE OF	visconsin))SS.	
P.	Machillas		F LA CROSSE)	*	Walterly 5000
Property Owner Signature:	Made	Personally of above name	came before me this	day of	, 20, the
A signed letter from the property own	er or management compar			to me	known to be the
used in lieu of this signature **	or or management compar	person(s) w	ho executed the fore	going instrument	and acknowledged the
Signature of Property Owner must be	e notarized **	same.			
Tax Parcel ID #:		Notary Publ	ic, Coun	ty,	
C 107500 00 1011 VIII 1070000000 00 007000		My commiss			
I certify that I have reviewed the	Municipal Code and un	derstand all that is rela	ated to this norm	nit request. I fu	urther certify that I
have the full authority to make			ated to this peni		artifici certify that I
	the foregoing applicatio	n; the information in	the application	and the requir	ed submittals are
complete and correct; the Work of	or Use performed shall of	n; the information in comply with all the law	the application was of the State o	and the requir f Wisconsin, a	red submittals are nd all ordinances,
rules, regulations, policies, and s	or Use performed shall or special conditions of the	n; the information in comply with all the law City of La Crosse. T	the application vs of the State of The applicant agr	and the requir f Wisconsin, a rees to perform	red submittals are nd all ordinances, n the work or use
rules, regulations, policies, and s covered by an approved permit w	or Use performed shall or special conditions of the with diligence and conve	n; the information in comply with all the law City of La Crosse. T nience to the public	the application was of the State of the applicant agreement agreem	and the requir f Wisconsin, a rees to perform pplicant shall	ned submittals are nd all ordinances, n the work or use be responsible for
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Google Maps La Crosse



Imagery ©2016 Google, Map data ©2016 Google 50 ft



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2016

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

	he terms and conditions of the polic ertificate holder in lieu of such endo						atement on the	nis certificate does not o	confer	rights to the
PRODUCER Many HOA Inc.				CONTACT NAME:						
Marsh USA Inc. 701 Market Street, Suite 1100			PHONE (A/C, No, Ext): (A/C, No):							
St. Louis, MO 63101-1830 Attn: StLouis.CertRequest@marsh.com Fax: 212-948-0811					E-MAIL ADDRESS:					
				11	INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER A : Old Republic Insurance Company					24147
INSURED Charter Communications, Inc. 12405 Powerscourt Drive				INSURER B : ACE Property and Casualty Insurance Company					20699	
					INSURER C:					
St. Louis, MO 63131					INSURER D :					
2					INSURER E :					
					INSURER F:					
CO	VERAGES CER	RTIFI	CATI	E NUMBER:		1-006004894-57		REVISION NUMBER:8		
C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY ELUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRAC THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE / PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	гs	
Α	X COMMERCIAL GENERAL LIABILITY			MWZY 305715		11/01/2015	11/01/2016	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
				¥				MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							711020010 0011111017100	\$	2,000,000
Α	AUTOMOBILE LIABILITY			MWTB 305710		11/01/2015	11/01/2016	COMBINED SINGLE LIMIT	\$	2,000,000
	X ANY AUTO			and the second s				(Ea accident) BODILY INJURY (Per person)	\$	2,000,000
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	y I I y I NON-OWNED							PROPERTY DAMAGE	\$	
	A HIRED AUTOS AUTOS							(Per accident)	\$	
В	X UMBRELLA LIAB X OCCUR			XOOG28119616001		05/18/2016	05/18/2017			5,000,000
				AOOO20119010001		03/10/2010	03/10/2017	EACH OCCURRENCE	\$	5,000,000
	CEAIMS-IMADE							AGGREGATE	\$	5,000,000
Α	DED RETENTION \$ WORKERS COMPENSATION			MWC 305714 00		11/01/2015	11/01/2016	V PER L OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N			WIVVC 3037 14 00		11/01/2013	11/01/2010	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	2,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
_	DÉSCRIPTION OF OPERATIONS below			THE RESIDENCE OF THE PARTY OF T				E.L. DISEASE - POLICY LIMIT	\$	2,000,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)	E3	
See r	everse and/or attached for additional information)									
CER	TIFICATE HOLDER				CANC	ELLATION				
City of LaCrosse Attn: City Hall - Legal Dept. 400 LaCrosse Street LaCrosse, WI 54602-3396				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 of Marsh USA Inc.					
				Manashi Mukherjee Manashi Mukherjee						