

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: \_\_\_\_\_ Company Name: Tel-Optic Cable Contracting  
 Address: 755 Ridgeview Dr. City: McHenry State: IL Zip: 60050  
 Phone #: 815 363-7598 Cell Phone #: ( ) Fax #: 815 363-7637 Email: JKORCZAK@TEL-OPTIC.COM

**PROPERTY OWNER** \*If different from applicant

Name: Perry McClellan - Charter Company Name: Charter  
 Address: 1228 12th Ave S. City: Onalaska State: WI Zip: 54650  
 Phone #: ( ) Cell Phone #: (608) 317-6213 Fax #: ( ) Email: perry-mcclellan@charter.com

**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 checked="" 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:**  
Directional boring under East Ave S to place conduit+cable for Charter Communications for 3432 East Ave S

Desired Start Date: ASAP  
 Est. Completion Date: Same Day

CONTRACTOR/SIGN CO.: Tel-Optic Jen Korczak PHONE: (815) 363-7598 FAX: 815 363-7637  
 PERSON IN CHARGE OF WORK: Jen Korczak CELL PHONE: 815 272-0730

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 )

Property Owner Signature: \_\_\_\_\_ Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012, the above named \_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Signature of Property Owner must be notarized \*\*

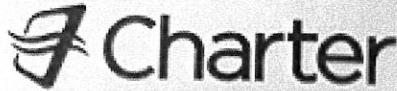
Notary Public, La Crosse County, WI  
 My commission expires: \_\_\_\_\_

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: Jen Korczak Date: 7/1/2014

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



1-888-GET CHARTER

Company	Teloptic
Pool #:	7
SRO Job #:	507083
SRO Entry Date:	5/24/2016
Bury By Date:	6/3/2016
Escalation:	NA

EBERT, JASON

3432 EAST AVE S, LA CROSSE, WI, 54601-7209

8245114280796241

262-483-9497 call ahead

Replace Drop  Prebury Drop  Temp On-Site

Schedule Date: \_\_\_\_\_

Date given to Contractor: \_\_\_\_\_

Workorder# \_\_\_\_\_

Completion Date: \_\_\_\_\_

DROP FOOTAGE 60 ft

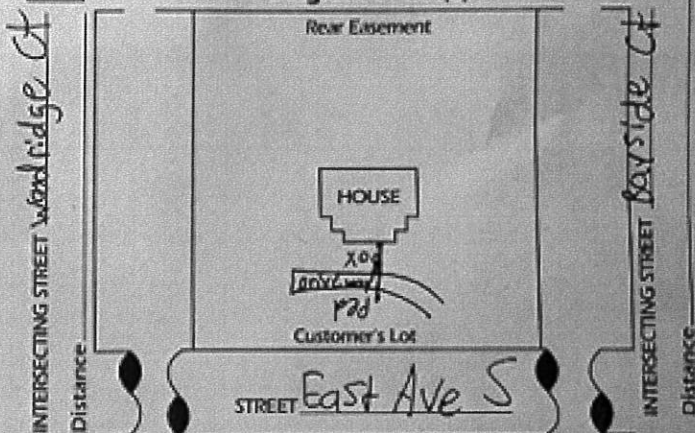
Approx. Bury Schedule Date within 30 Days of Date Laid Excluding Winter and BORES:

D/W BORE  Yes  No \_\_\_\_\_ Footage  
 St./Road/BORE  Yes  No 50 Ft Footage  
 S/W BORE < 4'  Yes  No

SHOW NORTH



Diagram of Lot(s)



CUSTOMER RESPONSIBILITY TO LOCATE

Sprinkler System  Yes  No  
 Invisible Fence  Yes  No  
 Private Utilities  Yes  No  
 Fenced Yard  Yes  Locked?  No  
 Other (specify) \_\_\_\_\_

\*Customer Signature

*Jason Ebert*

Special Instructions/Notes \_\_\_\_\_

Adjacent Addresses: \_\_\_\_\_

Denote:

1. Pedestal or pole location with existing plant, tap numbers and ports. Show ped/pole relationship to nearest cross street.
2. Complete house address with city and account number
3. Show north
4. Show drop routing and indicate aerial or underground

I understand that Charter Communications will be installing a cable line to my house. I am aware that this cable line will eventually be buried, but will be above ground prior to that time. Charter Communications has informed me that the cable line will therefore be lying on my property for some time prior to its burial, and has requested that I exercise caution and remain away from the cable line and to instruct any other individuals who might be on my property to take the same precautions. I hereby agree to exercise caution, to remain away from the cable line, and to instruct any other individuals who might be on my property to take the same precautions. I also expressly release, defend and indemnify Charter Communications and its parent, subsidiaries, successors, officers, directors, agents, assigns, employees and insurers from any and all direct or indirect liability arising out of the cable line's presence on my property prior to its burial. I understand it is my responsibility to accurately mark and provide to Charter a detailed diagram of any privately owned underground service lines or facilities I may have (electronic dog fence, gas line, septic or water, power lines, sprinkler system). I understand also that I am responsible for any damage occurring to unmarked or inaccurately marked privately owned service lines.

Customer Signature: \_\_\_\_\_

*Jason Ebert*

Date: 5/24/16

Tech Signature: \_\_\_\_\_

*[Signature]* Tech # 9332

Date: 5/24/16



# 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 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).

<b>PRODUCER</b> Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: StLouis.CertRequest@marsh.com Fax: 212-948-0811	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Old Republic Insurance Company		24147
<b>INSURER B :</b> ACE Property and Casualty Insurance Company		20699
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                                      **CERTIFICATE NUMBER:** CHI-006004894-57                                      **REVISION NUMBER:** 8

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 305715	11/01/2015	11/01/2016	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MWTB 305710	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED                            RETENTION \$			XOOG28119616001	05/18/2016	05/18/2017	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 305714 00	11/01/2015	11/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	E.L. EACH ACCIDENT	\$ 2,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
(See reverse and/or attached for additional information)

<b>CERTIFICATE HOLDER</b>  City of LaCrosse Attn: City Hall - Legal Dept. 400 LaCrosse Street LaCrosse, WI 54602-3396	<b>CANCELLATION</b>  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 <i>Manashi Mukherjee</i>
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