

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: Anthony Rausa Company Name: Preferred Rate Insurance  
 Address: 401 King St. City: La Crosse State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: (608) 881-6566 Cell #: (319) 269-3312 Fax #: ( )  
 Email: Frausa@preferredrate.net

**PROPERTY OWNER** \*If different from applicant  
 Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) Fax #: ( )  
 Email: \_\_\_\_\_

**ENCROACHMENT TYPE (Check one):**

|   |  |
|---|--|
| <input checked="" 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 type="checkbox"/> OTHER: _____   |  |

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
Sign

Desired Start Date: ASAP  
 Est. Completion Date: \_\_\_\_\_

**CONTRACTOR/SIGN CO.:** Harry JS Sign **PERSON IN CHARGE:** \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) 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.

STATE OF WISCONSIN )  
 )SS.  
 COUNTY OF LA CROSSE )  
 Personally came before me this 24<sup>th</sup> day of July, 2017, the above named Anthony Rausa to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

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 \*\*

[Signature]  
 Notary Public, LAC County, WI  
 My commission expires: 11-2-18

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: [Signature] Date: 7-24-17

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

# ENDUM TO MARKET SQUARE CONDOMINIUMS

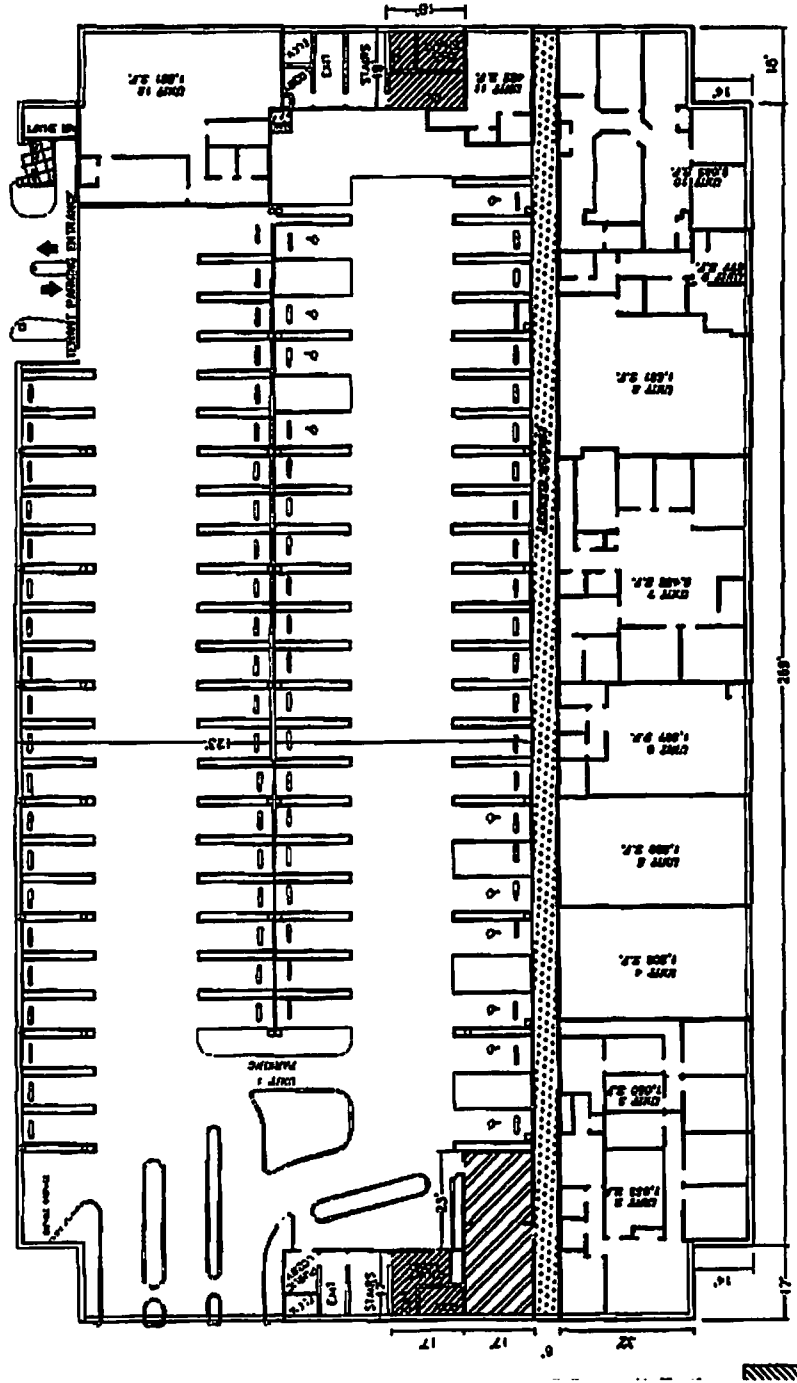
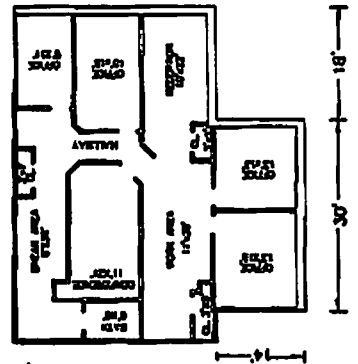
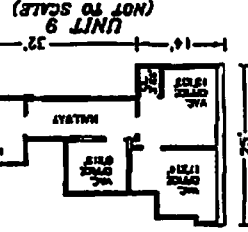
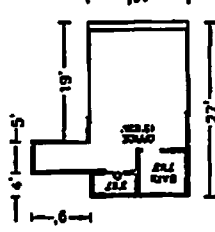
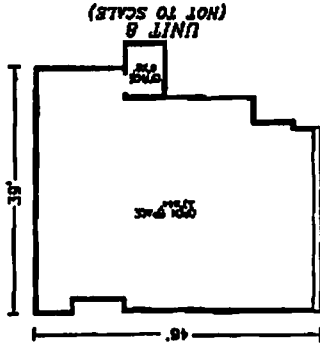
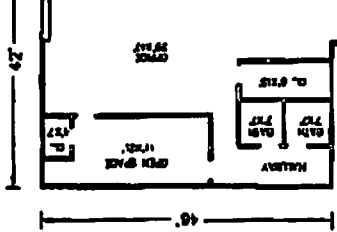
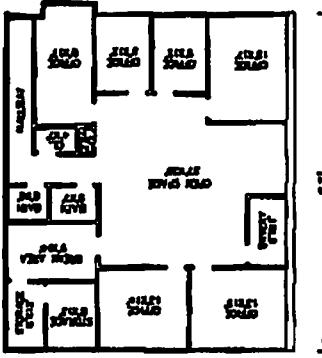
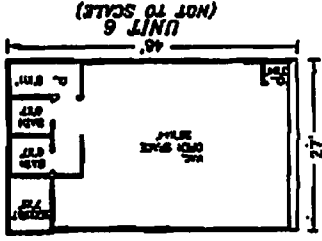
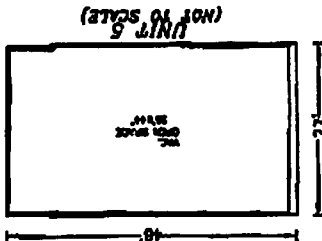
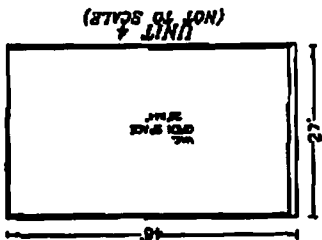
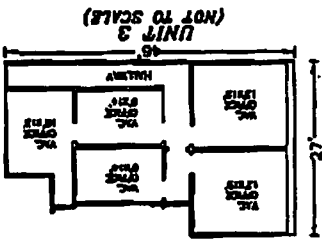
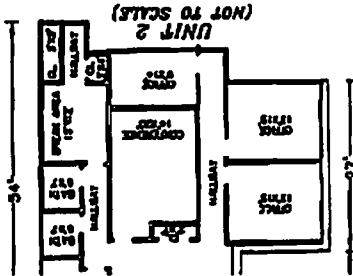
RECORDED IN VOLUME 8, OF CERTIFIED BOUND MAPS IN PAGE 78, CITY OF LOS ANGELES, LA. COUNTY, CALIFORNIA, 1980/08/08

FOR: RIVER MOUNTAIN L.L.C.

BY: LA CROSSE ENGINEERING AND SURVEYING CO., INC. 12112 SO. 3RD ST.



BEARING REFERENCE:  
MARKET SQUARE CONDOMINIUM PLAT



## LEGAL DESCRIPTION, EXHIBIT "A"

Unit 2, together with an undivided 39% interest in and to the common elements and facilities along with the exclusive user and right of easement of and in the limited common elements and facilities appurtenant to said units, all in Market Square Condominium, a condominium declared and existing under and by virtue of the Condominium Ownership Act of the State of Wisconsin, and recorded by a Declaration of such condominium in the office of the Register of Deeds in and for La Crosse County, Wisconsin, on September 14, 1998, in Volume 1210 of Records, Page 617, Document Number 1207638, identified as Market Square Condominium Plat, recorded September 14, 1998, in Volume 2 of Condominium Plats, Page 55, Document Number 1207639.

(Located on Lot 1 of Certified Survey Map filed in Volume 8 of Certified Survey Maps, Page 78, as Document Number 1207051, which was corrected by Affidavit recorded in Volume 1267 of Records, Page 146, Document Number 1207858, and on Lots 1, 2, 3, 4, and 5 in Block 14 of C. & F. J. Dunn, H. L. Dousman & Peter Cameron's Addition to the Town of La Crosse, in the City of La Crosse, and part of the vacated alley in said Block 14, all being located on part of Government Lot 1 [being the Fractional NE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  and that part of the Fractional NW  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  lying Easterly of the Mississippi River] of Section 6, Township 15 North of Range 7 West, City of La Crosse, La Crosse County, Wisconsin.)



4TH&amp;KIN-01

CVANRIPER

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
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).

|   |  |  |                               |  |
|---|--|--|-------------------------------|--|
| <b>PRODUCER</b><br>The Insurance Center<br>701 Sand Lake Road<br>Onalaska, WI 54650-2442          | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (800) 362-8046 |  | FAX (A/C, No): (608) 783-8155 |  |
|   | E-MAIL ADDRESS: ticgeneral@ticinsurance.com                  |  |                               |  |
| <b>INSURED</b><br><br>4th & King St. Condominlums LLC<br>181 Sand Lake Road<br>Onalaska, WI 54650 | <b>INSURER(S) AFFORDING COVERAGE</b>                         |  | <b>NAIC #</b>                 |  |
|   | <b>INSURER A: General Casualty</b>                           |  |                               |  |
|   | <b>INSURER B:</b>  |  |                               |  |
|   | <b>INSURER C:</b>  |  |                               |  |
|   | <b>INSURER D:</b>  |  |                               |  |
|   | <b>INSURER E:</b>  |  |                               |  |
|   | <b>INSURER F:</b>  |  |                               |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X                  | CCI0960388    | 07/11/2017              | 07/11/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                      | X                  | CCU0960387    | 07/11/2017              | 07/11/2018              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$<br>Aggregate \$ 1,000,000  |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | N/A           |                         |                         | <input type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**
 City of La Crosse  
 400 La Crosse St  
 La Crosse, WI 54601

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

**Preferred Rate**  
*INSURANCE*

◆ **AUTO** ◆  
◆ **HOME** ◆  
◆ **BUSINESS** ◆  
◆ **LIFE** ◆

**608-881-6566**

71.5"

39"