

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: Audra House Company Name: La Crosse Sign Co
 Address: 1450 Oak Forst Dr City: La Crosse State: WI Zip: 54650
 Phone #: (608) 781 1450 Cell #: () Fax #: ()
 Email: audra.house@lacrossesign.com

PROPERTY OWNER *If different from applicant

Name: Tree Sixty Real Estate Company Name: Journey Active
 Address: 1245 Badger St. City: La Crosse State: WI Zip: 54601
 Phone #: (507) 429 4744 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:

Internally illuminated blade sign to hang over the sidewalk.

Desired Start Date: 9/26/16
 Est. Completion Date: 10/20/16

CONTRACTOR/SIGN CO.: La Crosse Sign Co **PERSON IN CHARGE:** Audra House
Phone #: (608) 781 1450 **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.

Property Owner Signature: _____

COUNTY OF LA CROSSE)
 Personally came before me this 22 day of September, 2016, the above named

A signed letter from the property owner or management company may be used in lieu of this signature **

Marvin Wanders 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: 5-24-19

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: _____

Date: 9-22-2016

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 <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: _____



CERTIFICATE OF LIABILITY INSURANCE

AGUIL-1

OP ID: BH

DATE (MM/DD/YYYY)

09/26/2016

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).

PRODUCER Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Steven J. Fleis	CONTACT NAME: Steven J. Fleis	
	PHONE (A/C, No, Ext): 608-783-5206	FAX (A/C, No): 608-783-5209
E-MAIL ADDRESS: sfleis@fleisinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Auto Insurance		25135
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Aguilera LLC
 c/o Three Sixty Real Estate
 PO Box 609
 La Crosse, WI 54602

COVERAGES

CERTIFICATE NUMBER: 1

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 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 <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BOP2856424	06/15/2016	06/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CXS2138391	06/15/2016	06/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							BUILDING 12,200,000

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

CERTIFICATE HOLDER**CANCELLATION**

CITYLA1

City of La Crosse
 Becky
 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

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CERTIFIED SURVEY MAP

LOTS 7, 8, & 9, BLOCK 4, USTICKS ADDITION TO THE TOWN OF LA CROSSE, BEING PART OF VACATED 13TH STREET NORTH AND THAT PART OF VACATED FOREST AVENUE RECORDED IN DOCUMENT #1658939, BEING PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 32, TOWNSHIP 16 NORTH, RANGE 7 WEST, CITY OF LA CROSSE, LA CROSSE COUNTY, WISCONSIN.

LEGAL DESCRIPTION:

Lots 7, 8 & 9, Block 4, Usticks Addition to the Town of La Crosse, being part of vacated 13th Street North and that part of vacated Forest Avenue recorded in Document #1658939, all within part of the Northwest Quarter of the Southeast Quarter of Section 32, T16N, R7W, City of La Crosse, La Crosse County, Wisconsin, described as follows:

Commencing at the East quarter corner of said Section 32; thence S70°45'37"W 2535.01 feet to the Northwest corner of said Lot 9 and the point of beginning; thence N89°33'42"E along the north line thereof 149.90 feet to the Northeast corner of said Lot 9, also being the West line of 13th Street; thence S00°09'07"E along said West line 181.10 feet to the North line of Badger Street; thence S89°46'05"W along said North line 149.90 feet to the Southwest corner of said Lot 7; thence N00°08'58"W along the west line thereof 180.57 feet to the point of beginning.

Contains approximately 27,104 Sq. Ft. or approximately 0.622 Ac.

SURVEYOR'S CERTIFICATE

I, Frederick J. Hilby, Professional Land Surveyor, hereby certify that this is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof, made under the direction of School House Properties, LLC, owner, and that I have fully complied with the provisions of Chapter 236.34 of the Wisconsin Statutes, and the City of La Crosse Subdivision Control Ordinance in surveying, dividing and mapping the above described parcel.

Frederick J. Hilby 7/15/15
FREDERICK J. HILBY
PLS 2841



CITY ASSESSOR RESOLUTION

Resolved that this Certified Survey Map located in the City of La Crosse, is hereby approved by the City Assessor.

Date: 7/16/15 City Assessor: [Signature]

CITY INSPECTION DEPARTMENT RESOLUTION

Resolved that this Certified Survey Map located in the City of La Crosse, is hereby approved by the City Inspector.

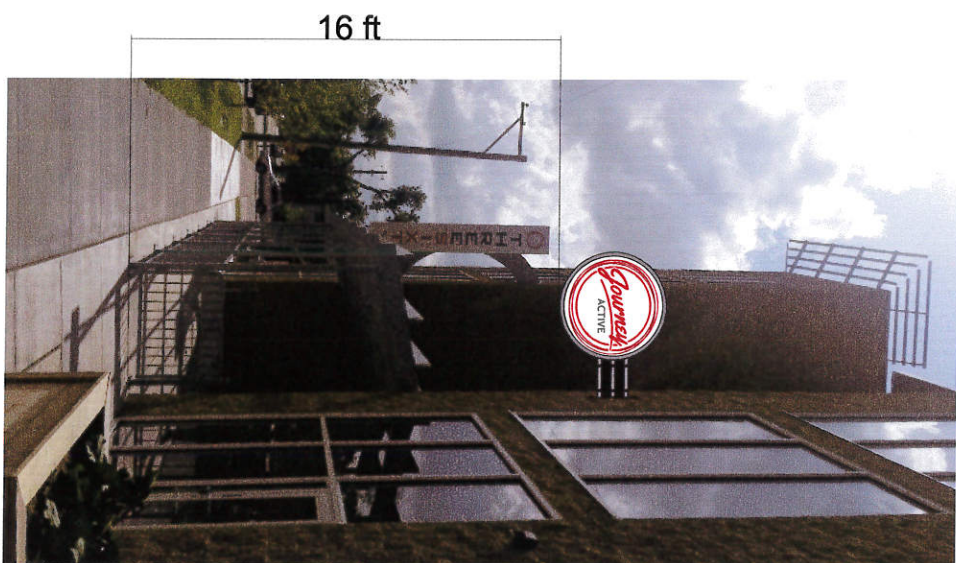
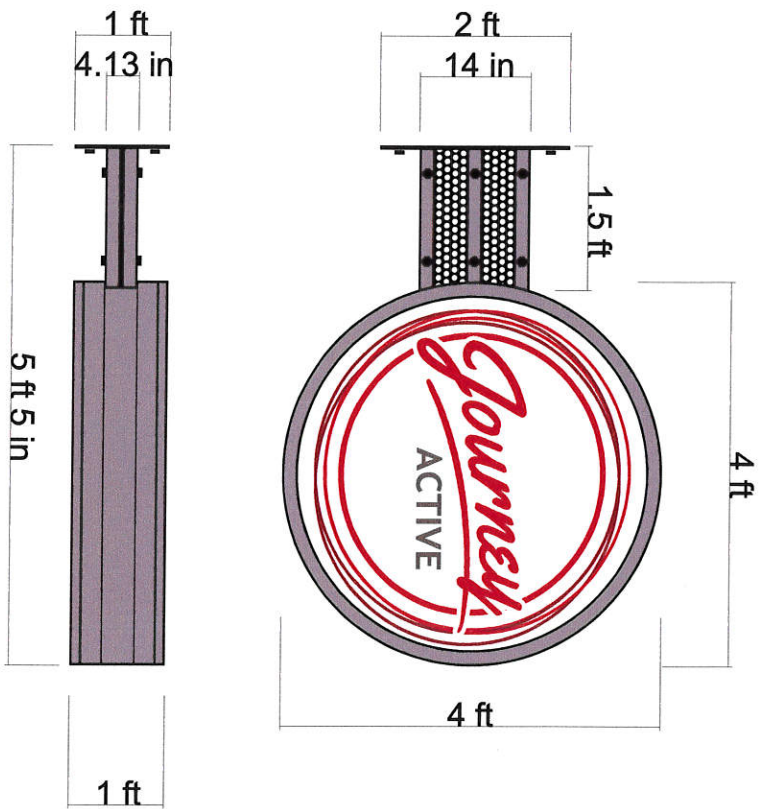
Date: 7/15/15 City Inspector: [Signature]

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SURVEYED BY:
LA CROSSE ENGINEERING
& SURVEYING CO., INC.
1212 3RD ST SOUTH
LA CROSSE, WI 54601

SURVEYED FOR:
SCHOOL HOUSE PROPERTIES LLC
119 19TH STREET N
LA CROSSE, WI 54601

A: Projecting Sign Internally Lit with Digital Print on Acrylic Faces



Approved by: _____

Date: _____

Landlord: _____

Date: _____

DESIGN

SALES

FILE

COLOR KEY

LACROSSE SIGN CO.
MAKE A STATEMENT!
 1450 Oak Forest Drive • Onalaska, WI 54650 • 608-781-1450
 2242 Mustang Way • Madison, WI 53718 • 608-222-5353
 2502 Melby Street • Eau Claire, WI 54703 • 715-835-8189

Drawing by: Chris Clark	Job Name: Journey Active	Revision Number: 5
Sign Type: Projecting Sign	Job Address: 1243 Badger St.	Job File Location: S:\Journey Active\La Crosse\ New Signs\Design
Date Created: 8-1-2016	La Crosse, WI 54601	
Last Modified: 8-17-2016	Salesperson: Jeff Brezinka	
Scale: 1/2"=1'	Job Number: 91000	

- 1 Digital Print
- 2 Black
- 3 Aluminum
- 4 White
- 5

This artwork is copyrighted and may not be otherwise used without permission. It is the property of La Crosse Sign Co. Inc. and must be returned to them.