

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: Nick Weber Company Name: Weber Holdings LLC
 Address: 102 Jay Street Suite 400 City: La Crosse State: WI Zip: 54601
 Phone #: (608) 782-5041 Cell #: () Fax #: ()
 Email: nick@weber-holdings.com

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 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:
Underground wiring and light installation for exterior building lighting
Canopy overhang located on NW corner, SE corner and along east side of building
Balconies located on east elevation

Desired Start Date: _____
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: C.D. Smith Construction, Inc. **PERSON IN CHARGE:** Cory Henschel
Phone #: (920) 924-2900 **Cell #:** () **Fax #:** ()

*8/24/15
 was told to
 "Strike"*

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 24th day of August, 2015, the above named Nick Weber 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 ****

Budget Johnson
 Notary Public, La Crosse County, WI
 My commission expires: 06/12/2016

Tax Parcel ID #: 17-20020-70

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: 8/24/15

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 type="checkbox"/> Legal Description <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ _____ <input type="checkbox"/> Annual Permit Fee \$ _____ <input type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____
All items due prior to approval		



State Bar of Wisconsin Form 6-2003
SPECIAL WARRANTY DEED

1652498
LACROSSE COUNTY
REGISTER OF DEEDS
CHERYL A. MCBRIDE

Document Number _____ Document Name _____

TITIS DEED, made between La Crosse County, a municipal body corporate
 _____ ("Grantor," whether one or more), and
Weber Holdings, LLC
 _____ ("Grantee," whether one or more).
 Grantor for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in La Crosse County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Exhibit A - Legal Description, attached hereto and incorporated herein by reference.

Fee & Transfer exempt: Wis. Stat. Sec. 77.25(2)

RECORDED ON
02/27/2015 12:34PM
REC FEE: 30.00
EXEMPT #: 77.25(2)
PAGES: 3

Recording Area _____

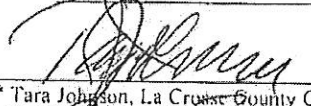
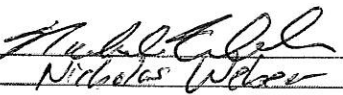
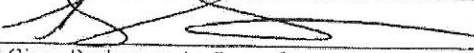
Name and Return Address
 Attorney Mark Hammond
 102 Jay Street
 Suite 400
 La Crosse, WI 54601

17-20020-070
 Parcel Identification Number (PIN)
 This is not homestead property
 (is) (is not)

Grantor warrants that the title to the Property is good, indefeasible, in fee simple and free and clear of encumbrances arising by, through, or under Grantor, except:

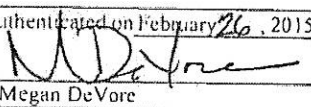
Those Permitted Exceptions set forth on Exhibit B, attached hereto and incorporated herein, by reference.

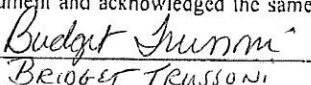
Dated February 26, 2015

 _____ * Tara Johnson, La Crosse County Chair	(SEAL.)	 _____ * Nicholas Weber	(SEAL.)
 _____ * Ginny Dankmeyer, La Crosse County Clerk	(SEAL.)		(SEAL.)

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) Tara Johnson and Ginny Dankmeyer
 authenticated on February 26, 2015.

 * Megan DeVore
 TITLE: MEMBER STATE BAR OF WISCONSIN
 (If not, _____
 authorized by Wis. Stat. § 706.06)

STATE OF WISCONSIN)
) ss.
La Crosse COUNTY)
 Personally came before me on 08/24/2015
 the above-named Nicholas Weber
 to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

 * Budget Hammond
 Notary Public, State of Wisconsin
 My Commission (is permanent) (expires: 06/12/2016)

THIS INSTRUMENT DRAFTED BY:
Megan DeVore, La Crosse Civ Dep Corp Counsel
 400 N. 4th Street, La Crosse, WI 54601

(Signatures may be authenticated or acknowledged. Both are not necessary.)
 NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.
 SPECIAL WARRANTY DEED 2003 STATE BAR OF WISCONSIN FORM NO. 6-2003
 * Type name below signatures

Exhibit A

LEGAL DESCRIPTION

Lots 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 in Block 25 of the Original Plat of the Town of La Crosse, now City of La Crosse, La Crosse County, Wisconsin; and

Part of Government Lot 4 in Section 31, Township 16 North, Range 7 West, La Crosse County, Wisconsin, being the vacated alley in Block 25 of the Original Plat of the Town of La Crosse, now City of La Crosse, described as follows: Commencing at the Northeasterly corner of Lot 1 in said Block 25, being the point of beginning of this description; thence Southerly along the Easterly lines of Lots 1, 2, 3, 4 and 5 in said Block 25, a distance of 300 feet more or less to the Southeasterly corner of said Lot 5; thence Easterly, along the Southerly line of said Block 25, a distance of 20 feet more or less, to the Southwesterly corner of Lot 6 in said Block 25; thence Northerly, along the Westerly lines of Lots 6, 7, 8, 9 and 10 in said Block 25, a distance of 300 feet, more or less, to the Northwesterly corner of said Lot 10; thence Westerly, along the Northerly line of said Block 25, a distance of 20 feet more less to the point of beginning.

APN: 17-20020-070

EXHIBIT B

PERMITTED EXCEPTIONS

1. Municipal and zoning ordinances and classifications.
2. The lien of the general real estate taxes for the year 2015 and thereafter.
3. Easements and rights incidental thereto in connection with the continued use and right of entrance, maintenance, construction and repair of municipal or utility facilities as may exist underground or overground in or on that portion of the subject premises which were formerly a part of the alley now vacated (discontinued) pursuant to Wis. Stat. §66.1005(2)(a).
4. Building setback lines, utility poles and manholes, catch basin, underground electric, cable television, water main, fiber optic and telephone lines as shown on ALTA/ACSM Land Title Survey by I+S Group dated February 20, 2015.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2015

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 Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	CONTACT NAME: PHONE (A/C, No, Ext): (608) 784-4854		FAX (A/C, No): (608) 784-4774
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Cincinnati Insurance Company		10677
	INSURER B :		
	INSURER C :		
INSURED Weber Holdings LLC 102 Jay Street La Crosse, WI 54601	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

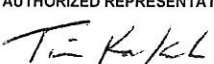
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

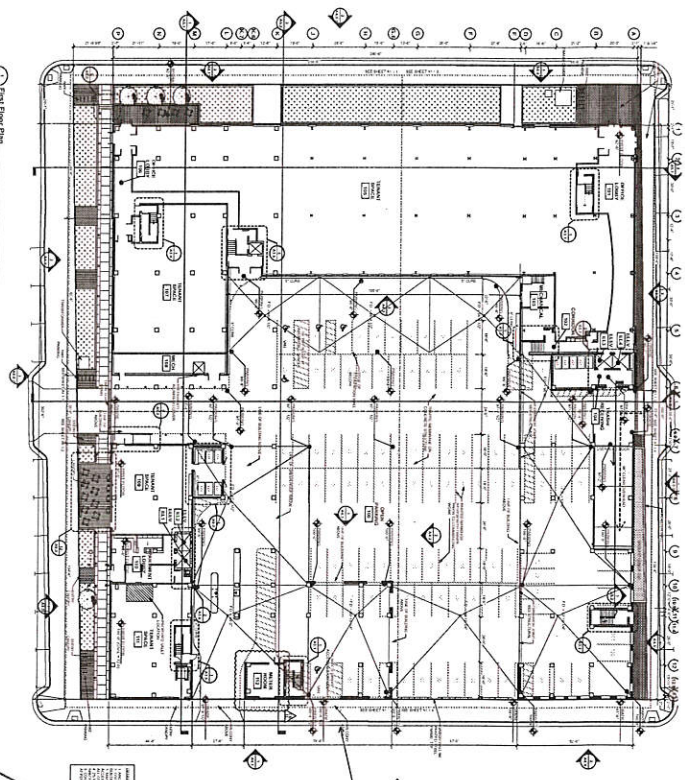
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EPP 0201792	07/14/2015	07/14/2016	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input checked="" type="checkbox"/> Hired/Non-Owned Auto						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$ 3,000,000
	OTHER:						PRODUCTS - COM/OP AGG	\$ 3,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EUP 0038162	07/14/2015	07/14/2016	EACH OCCURRENCE	\$ 3,000,000	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 3,000,000	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Street Privilege Permit, 315 State Street, La Crosse, WI 54601. The City of La Crosse is listed as an Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

City of La Crosse 400 La Crosse Street 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 

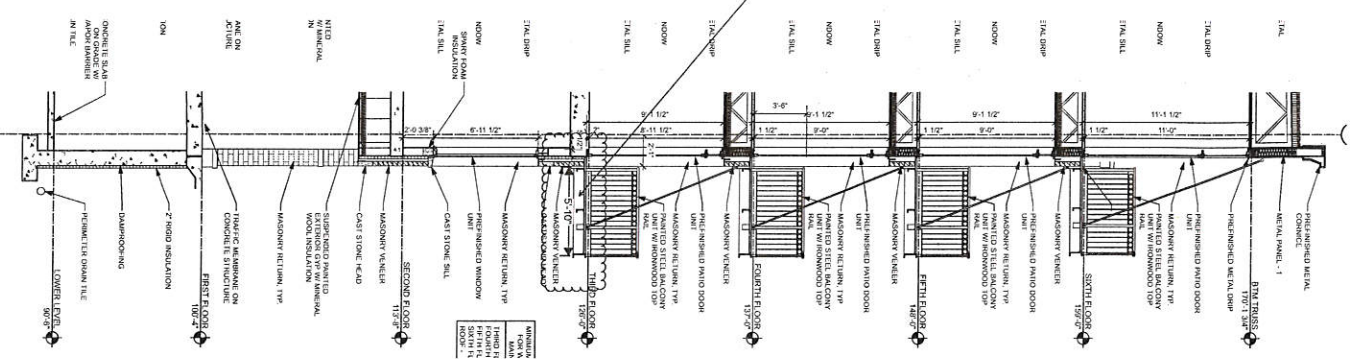


LOCATION OF
BALCONIES
OVERHANGING.

DISTANCE OF
OVERHANG



PARTIAL EAST ELEVATION
SCALE 1/8" = 1'-0"



6 Wall Section
Scale 1/4" = 1'-0"

