

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: JAY HOLLNAGEL Company Name: FOSTER AWNING + CANVAS
 Address: 528 Loomis City: LACROSSE State: WI Zip: 54650
 Phone #: () 784-2045 Cell #: () Fax #: () 784-6657
 Email: _____

PROPERTY OWNER *If different from applicant
 Name: FORTNEY COMPANIES Company Name: _____
 Address: 308 S. THIRD ST City: LACROSSE State: WI Zip: 54601
 Phone #: (608) 784-1225 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:
NEW AWNING AT 123 S. THIRD ST LACROSSE

Desired Start Date: 8-1-15
 Est. Completion Date: 8-31-15

CONTRACTOR/SIGN CO.: Foster Awning **PERSON IN CHARGE:** JAY HOLLNAGEL
 Phone #: (608) 784-2045 Cell #: () Fax #: (608) 784-6657

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 22 day of JULY, 2015, the above named MARC R. FORTNEY to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner 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.****

Tax Parcel ID #: _____
 Notary Public, La Crosse County, WI
 My commission expires: is permanent

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: Jay Hollnagel Foster Awning Date: 7-17-15

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

DOCUMENT NO.

1353509

LACROSSE COUNTY
REGISTER OF DEEDS
DEBORAH J. FLOCK

RETURN ADDRESS: Moen Sheehan Meyer Ltd
PO Box 786
LaCrosse WI 54602

RECORDED ON
05/08/2003 01:19PM

REC FEE: 11.00
TRANSFER FEE:
EXEMPT #: 77.25(17)

PAGES: 1

WARRANTY DEED



THIS DEED, made between STEVEN K. LINDEMAN ("GRANTOR") and FORTNEY, FORTNEY & FORTNEY, LLP, a Wisconsin Limited Liability Partnership (f/k/a Fortney, Fortney & Fortney Partnership, a Wisconsin partnership) ("GRANTEE").

GRANTOR, for a valuable consideration, conveys and warrants to GRANTEE the following described real estate in La Crosse County, State of Wisconsin:

#53

This Space Reserved for Recording

17-20017-080

Parcel Identification Number

The South 20.0 feet of the West 80.0 feet of the Lot Four (4) and the North 21.5 feet of the West 80.0 feet of Lot Five (5) in Block Twenty-three (23) of the Town of La Crosse, now City of La Crosse, La Crosse County, Wisconsin. Subject to and together with the following: Easement for ingress and egress over the North 10.0 feet of the South 20.0 feet of the East 71.45 feet of said Lot 4 as described in the Easement recorded in Vol. 808 of Records, Page 876, as Document No. 1003275; storm sewer, drainage, access, and ingress and egress rights as set forth in an Easement recorded in Vol. 808 of Records, Page 887, as Document No. 1003276; party wall rights as set forth in the Confirmation of Party Wall Agreement recorded in Vol. 101, Page 331; and party wall rights as set forth in the Party Wall Agreement recorded in Vol. 808 of Records, Page 859, as Document No. 1003273.

This is not homestead property.

Exception to warranties: municipal and zoning ordinances and agreements entered under them, recorded easements for the distribution of utility and municipal services, recorded building and use restrictions and covenants, and general and special taxes levied in the year of closing.

This Deed is given in satisfaction of a Land Contract dated June 14, 1995, and recorded in the Register of Deeds' Office for La Crosse County, Wisconsin, on June 16, 1995, in Vol. 1088, at Page 55, as Document No. 1134673.

Dated this 3 day of April, 2003.

Steven K. Lindeman

(SEAL)

Signature of Steven K. Lindeman authenticated this 3 day of April, 2003.

Richard W. Schroeder

TITLE: MEMBER STATE BAR OF WISCONSIN

THIS INSTRUMENT WAS DRAFTED BY
Attorney Richard W. Schroeder
505 King, Suite 300
La Crosse, WI 54601



11'9" | 58" | 16" | 20 x 65 | 45" | **THE LIBRARY** | A N U N U S U A I D R I N K I N G P L A C E | If Mom calls, tell her I'm at The Library! | 36 x 26

AWNINGS IS
6' x 4' x 40'6"

9'5"



CERTIFICATE OF LIABILITY INSURANCE

FORTN-1 OP ID: AB

DATE (MM/DD/YYYY)

07/27/2015

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 Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 John Erikson, CIC, CRM existing	CONTACT NAME: John Erikson, CIC, CRM PHONE (A/C, No, Ex): 608-257-3795 FAX (A/C, No): 608-257-4324 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Society Insurance</td> <td>15261</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Society Insurance	15261	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Fortney, Fortney & Fortney LLP PO Box 1621 La Crosse, WI 54602														

COVERAGES

CERTIFICATE NUMBER: 2015

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			TRM388557	08/13/2014	08/13/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input 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			CAP451516	08/13/2014	08/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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			UXL410100	08/13/2014	08/13/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC409999	08/13/2014	08/13/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blnkt Building & Contents			TRM388557	08/13/2014	08/13/2015	SpcFrm/RC 19,056,100 Ded. 5,000

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

RE: New Awning Installation - 123-125 South 3rd St., LaCrosse, WI 54601
 The City of LaCrosse is listed as additional insured with respect to Commercial General Liability.

CERTIFICATE HOLDER

CITYLAC

City of LaCrosse
 Legal Department
 Sixth Floor City Hall
 400 La Crosse Street
 La Crosse, WI 54601

CANCELLATION

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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