

**REVOCABLE OCCUPANCY/**

**STREET PRIVILEGE PERMIT APPLICATION**

City of La Crosse Public Works Department - Phone: (608)789-7599

http://www.cityoflacrosse.org

On State Highway?:  
 Yes  No

Permit Number:  
#

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

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

**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 bore from pole on Cameron St 200' North to 420 5th St. S. placing 2" Pipe & Fiber optic

Desired Start Date: 4-21-16  
 Est. Completion Date: 5-30-16

**CONTRACTOR/SIGN CO.:** Evolution PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
**PERSON IN CHARGE OF WORK:** Don Roberts CELL PHONE: (608) 810-3408

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

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 \*\*

STATE OF WISCONSIN )  
 )ss.  
 COUNTY OF LA CROSSE )  
 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.

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: Perry McClellan Date: 4/6/16

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2015

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).

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com   Fax: 212-948-0770  CT EXP 123120	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> TELEPHONE AND DATA SYSTEMS, INC. UNITED STATES CELLULAR OPERATING COMPANY, LLC 30 N. LASALLE ST., STE 4000 CHICAGO, IL 60602	<b>INSURER A:</b> N/A		N/A
	<b>INSURER B:</b> Sentry Insurance A Mutual Company		24988
	<b>INSURER C:</b> North American Elite Insurance Company		29700
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-006358661-04                      **REVISION NUMBER:** 9

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	
B	<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:		90-02578-11	01/01/2016	01/01/2017	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		90-02578-04	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000		UMB 2000083 01	01/01/2016	01/01/2018	EACH OCCURRENCE	\$ 3,000,000
						AGGREGATE	\$ 3,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						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: Site Number: 302321

The City of La Crosse is included as additional insured as respects operations performed by or on behalf of the named insured as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of La Crosse  
 Attn: Public Works Dept  
 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  
 of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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