

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: Perry McClellan Company Name: Charter
Address: 1228 12th Ave S City: Onalaska State: WI Zip: 54601
Phone #: (608) 317-6213 Cell #: () Fax #: ()
Email: perry.mcclellan@charter.com

PROPERTY OWNER *If different from applicant

Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: () Cell #: () 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:

D. bore in Alley from Pole to 227 22nd St
N Placing Duct + Coax

Desired Start Date: ASA
Est. Completion Date: 5-15-17

CONTRACTOR/SIGN CO.: Evolution PERSON IN CHARGE: Don Roberts
Phone #: () Cell #: (920) 810-3408 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)
JSS.

Property Owner Signature: _____

COUNTY OF LA CROSSE)
Personally came before me this _____ day of _____, 20____, the above named

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

_____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Signature of Property Owner **must** be notarized **

Tax Parcel ID #: _____

Notary Public, _____ County, _____
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: _____

Date: 4/18/17

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: _____

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

Special Conditions of Approval Attached

NON-REFUNDABLE ANNUAL PERMIT FEE

\$ _____ Payable to City Treasurer (See fee schedule)

Check # _____ Date Received: _____

Approval Date: _____



Imagery ©2017 Google, Map data ©2017 Google 50 ft

* Coax to run up Pole
D Bore @ 40" Deep Placing Duct for Coax

Google Maps 227 22nd St N

