On State I	lighway?
□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: Paul Amborn		ompany Name:	Western Tec			
Address: 505 9th Street North	City: <u>La Cro</u>		State: <u>V</u>	VI	Zip: <u>54601</u>	
Phone #: ()		<u> 304-0639</u>		Fax #:	(608) 789-4751	
Email: <u>AmbornP@westerntc.e</u>						
PROPERTY OWNER *If differen	1960 T. J. (1974) T. J.					
Name:		ompany Name:	Western Tec			
Address: 400 7th Street North	City: La Cro		State: <u>V</u>	VI	Zip: _ <u>54601</u>	
Phone #: ()		608) 304-0639		Fax #:	(608) 789-4751	
Email: <u>AmbornP@westerntc.e</u>	du	los La caracterista				
ENCROACHMENT TYPE (Check AWNING/ON-PREMISE SIGNA FIRE ESCAPE/ RESCUE PLA VENDING MACHINE/NEWSBO UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SY ▼ OTHER: Replacement of	OVERHEAD HEATER/CANC TFORM/BALCONY DX D INFRASTRUCTURES STEM/SIDEWALK ENCROAC exit stairs	CHMENT	☐ AES ☐ GRC ☐ BOA		PURTENANCE R MONITORING WELL DUSEBOAT	
DESCRIPTION OF ENCROACHINE Existing stairs at building exit to	MENT/WORK TO BE PER	FORMED:	ation work		Start Date:	
Existing stairs at ballaring exit to	be removed and replace	d during renova	ation work.	7/20/15	alatian Data	
A SALES AS			<u> </u>		oletion Date: (full project)	
CONTRACTOR/SIGN CO.: Jo	hasan Controls Inc	DEDC	ON IN CHARGI		Johnson	
Phone #: (507) 218-3854	ohnson Controls, Inc. Cell #: (5		JN IN CHARGI			
	STATE STOCK STATE OF THE STATE	07) 995-6163		Fax #:	(507) 226-8687	
For timely review, City Ordinance Notwithstanding approval of the a conditions is verified. All necessa installed/erected.	pplication, a permit is not v	valid until it is sig	gned, recorded	and compl	iance with all other permit	
I authorize the applica nt listed above t	o apply for a Street Privilege	Permit STATE (OF WISCONSIN)	W. 4. 1	
through the City of La Crosse.	\bigcap)SS		
- Heur	Landron		OF LA CROSSE) 11.19h	T.L.	
Property Owner Signature: \	90000	Personal above na	lly came before me	this 17' day	of <u>July</u> , 20 17, the	
A signed letter from the property owner	or or management company m	110.	1 Amborn	1	to me known to be the	
used in lieu of this signature **	To management company in				trument and acknowledged the	
Signature of Property Owner must be	notarized **	same.	D1/1 1	mond		
	Tretarized	Notary P	ublic, Wi	County, La	Town.	
Tax Parcel ID #: 17-20173-20				WW 12	20	
I certify that I have reviewed the I	Aunicinal Code and under	The state of the s				
have the full authority to make t						
complete and correct; the Work o						
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 appe					oval of this application is	
Signature of Applicant		oigned alter app		cu.	2.	
Signature of Application	l-m		Date:	111	2015	
1 cm u	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			-17-	2015	
Please return this completed applic	cation along with required in	nformation and f	ees noted on ch	necklist to:	City of La Crosse, Legal	
Department, 400 La Crosse Street	, 6th Floor, La Crosse WI 5	4601. With que	stions please c	ontact the L	egal Department at	
(608)789-7511. You will then be g	ven notice of when your re	quest will be on	the Board of Pu	ublic Works	agenda.	
Approved By:	Required items to be provide Scale drawing of encroachments	ded by Applicant	First variations and		Completed by City Staff	
	Legal Description Certificate of Insurance	ent D	☐ Sp	ecial Conditi	ons of Approval Attached	
Approval Date:	Initial Application Fee \$_	60 5	NON-REFU	NDABLE AN	INUAL PERMIT FEE	
	Annual Permit Fee \$	5) 5		bla to Cit. T.	asurer (See fee schedule)	

Exhibit A

Legal Description

Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 in Block 10 of T. Burns, G. Farnam, & P. Burns Addition, and part of SW 1/4 of SW 1/4 in Section 32, Township 16 North, Range 7 West being vacated alley in said Block 10, and part of Lot 5 and all of Lots 6, 7 and 8 in Block 15, T. Burns, G. Farnam, & P. Burns Addition, and part of Lots 1, 2, 3, 4,5 and all of Lots 9 and 10 in Block 8 of T. Burns, H.S. Durand, S.T. Smith & F. M. Rublee's Addition to the City of La Crosse, and part of NW 1/4 of SW 1/4 and the SW 1/4 of the SW 1/4 of Section 32, Township 16 North, Range 7 West being part of the vacated alley in said Block 8 and Block 15 and vacated Pine Street and described as follows: Beginning on the extended West line of said Block 15 at a point 66 feet South of the Southwest corner thereof; thence North along said line 66 feet to said Southwest corner; thence continuing North along said West line 73 feet; thence Northeasterly along the arc of a 340.37 foot radius curve concave to the Southeast a distance of 240.59 feet; thence Northeasterly 71 feet to the North line of Block 8 of T. Burns, H.S. Durand, S.T. Smith & F.M. Rublee's Addition to La Crosse, at a point 127.5 feet East of the Northwest corner thereof; thence East along said North line to the center line of the vacated alley; thence South along said center line 173.37 feet to the extended North line of Lot 9 of said Block 8; thence East along said line and said extended line 155.87 feet to the Northeast corner of said Lot 9; thence South along the East line of said Lots 9 and 10 and the East line of said Block 15 of T. Burns, G. Farnam & P. Burns Addition to La Crosse to the Northeast corner of Block 10 of T. Burns, G. Farnam, & P. Burns Addition, said point being 66 feet South of the Southeast corner of said Block 15; thence West along the North line of said Block 10 to the point of beginning, EXCEPT part taken for road as recorded in Volume 422, Page 600 of La Crosse County Register of Deeds, and also EXCEPT the property described in the Quit Claim Deed recorded as Document No. 1580433 in the La Crosse County Register of Deeds of September 16, 2011. Subject to all easements, restrictions and covenants of record.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/16/2015

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		CONTACT Kay Hannah					
Arthur J. Gallagher Risk Mai 17035 W. Wisconsin Avenue	nagement Services, Inc.	PHONE (A/C, No, Ext): 262-792-2217	FAX (A/C, No): 262-7	792-1712			
Suite 135	5	E-MAIL ADDRESS: Kay_Hannah@ajg.com					
Brookfield WI 53005		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A : DISTRICTS MUT INS		12006			
INSURED		INSURER B :					
Western Technical College		INSURER C:					
400 Seventh Street North P O Box 908		INSURER D :					
La Crosse WI 54602-0908		INSURER E :					
		INSURER F:					
COVERAGES	GES CERTIFICATE NUMBER: 140703360 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							
I INDICATED NOTWITHSTAND	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.

	NSR AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE		WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y		DMI-C0715-15-12	7/1/2015	7/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000
	X BI/PD Ded: 5,000						MED EXP (Any one person)	\$Excluded
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
Α	AUTOMOBILE LIABILITY			DMI-C0715-15-12	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE				10		AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1000001967	7/1/2015	7/1/2016	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000

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

The Additional Insured Coverage is capped at the limit of \$50,000 in accordance with the Wis. Statutes 893.80 (General Liability) and \$250,000 in accordance with Wis. Statutes 345.05 (Auto Liability) regardless of limits shown. Additional Insured Coverage per Carrier Form DMI Additional Insured Form rev: 5-11.

DMI Additional Insured - Lessors of Equipment & Vehicles Form rev: 5-11

DMI Additional Insured - Lessors of Premises Form rev: 5-11

See Attached...

CERTIFICATE HOLDER	CANCELLATION
City of La Crosse 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.
	Steen Horse Mary

	AGENCY CUSTOMER ID: LOC #:							
ACORD ADDITIONAL	L REMA	ARKS SCHEDULE	Page 1	of _1				
AGENCY Arthur J. Gallagher Risk Management Services, Inc.	NAMED INSURED Western Technical College 400 Seventh Street North	8						
POLICY NUMBER	P O Box 908 La Crosse WI 54602-0908							
CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE								
RE: Street Priviledge Permit Application. City of La Crosse is listed as an Additional Insured.								

ACORD 101 (2008/01)

