

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org http://cityoflacrosse.org

Property Owner: GR 412 L	LC	
Address: 412 MAIN ST City: LA CROSSE State: W7 Zip: 54601		
Phone # 715 456 2627 E	Email Address GSALIARAS @ XALOO, CO	~
• •)	
Relationship with Owner:	Email Address	
FIIOHE #E		
Description of Proposed Encroachment:		
OUTDOOR DINING STREE	ET	
Encroachment Address(es):	MAIN ST	
Benefiting Tax Parcel ID #(s):)aa-90	
have the full authority to make the foregoing application; the intercomplete and correct; the Work or Use performed shall comply rules, regulations, policies and special conditions of the City of an approved permit with diligence and convenience to the public Signature of Owner: Print Name and Title: Please return this completed application along with required in Engineering Department, 400 La Crosse Street, La Crosse, W on the Board of Public Works agenda for consideration. Once to Owner for signatures. Permit will then be valid once recorde obtain all other necessary permits as required by City Department.	nformation and fees noted on checklist below to: City of La Cross WI 54601. You will then be given notice of when your request will approved an agreement document will be drafted by City and so led with the County's Register of Deeds department. Applicant signents. Average completion time for validation 45 days.	oy - se, be ent
BELOW THIS LINE TO BE CO	OMPLETED BY CITY STAFF ONLY	
Required items to be provided by Applicant:	Board of Public Works	5
Today of House to no brostage of Abbusance	Approval Date:	
Scale Drawing of encroachment on letter size paper(s)		
Legal Description of benefiting parcel(s)	Encroachment Type:	
Certificate of Insurance (City as additional Insured)	Street CAFE	
Initial Application / Annual Fee \$	Permit Number:	
City Utility Potential Conflict Notification and Sign-Off		
All Fees are Non-Refundable & Subject to change by C	City Council	