

## **REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION**

City of La Crosse Engineering Department

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

Encroachment Owner: Down foun Mainstreet La Crosse  Address: 422 Main 5T City: La Crosse State: LT Zip: 5460/ Phone # 608 792-0725 Email Address Rygn 55 33@hothad.cm  Application Preparer (if different from above) Have 35 Sign 1:4c  Relationship with Owner: Contractor  Phone # 608 780-8826 Email Address graps gualitysign on 2nd com	
Description of Proposed Encroachment:  Hanging sign under canopy - Minimum 9 ft. cherraine from  hofform of sign to grade-	
Encroachment Adress(es): 422 MAIN 57	
Benefiting Tax Parcel ID #(s): 7-20023-60	
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 covered by an approved permit with diligence and convenience to the public.  Signature of Owner or designee:  Please return this completed application along wan required monnetion and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. Average completion time for validation 45 days.	
BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY	
Required items to be provided by Applicant:  Scale Drawing of encroachment on letter size paper(s)	Board of Public Works Approval Date:
Legal Description of benefiting parcel(s)	Encroachment Type:
Certificate of Insurance (City as additional Insured)	SIGN
Initial Application / Annual Fee \$ 100, 50	Permit Number:
City Utility Potential Conflict Notification and Sign-Off	
All Fees are Non-Refundable & Subject to change by City Council	

Sent 2/23/21 11:38 A.M.