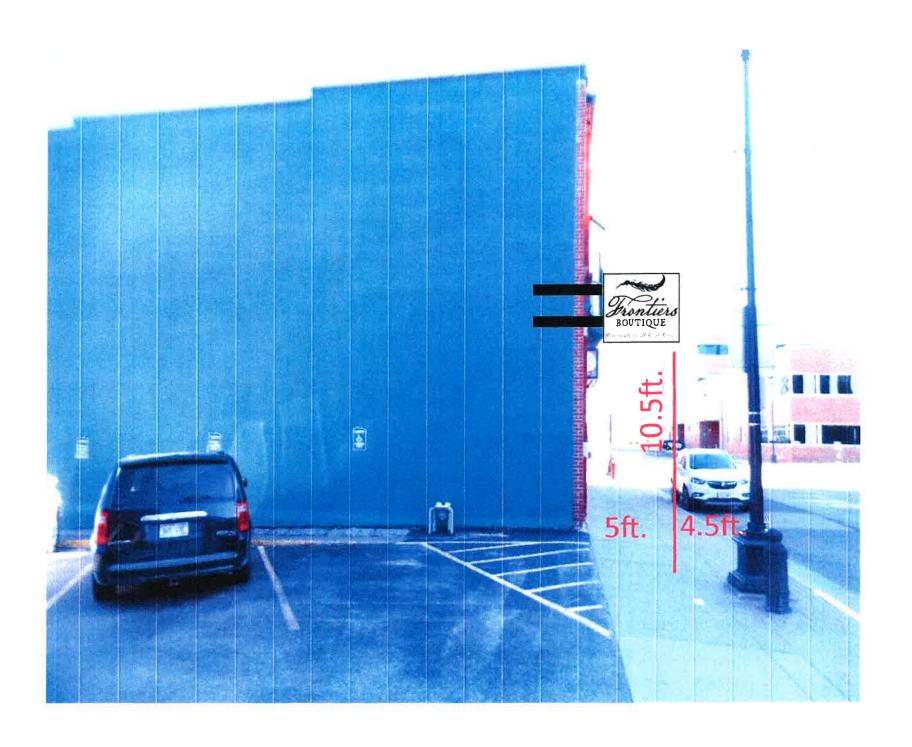


## REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

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

Property Owner: Rick Holzer / Holzer Investments LLC  Address: 225 3rd st N. City: LA Crosse State: UT Zip: 54601  Phone # 507 450-9569 Email Address VICK @ family medical and Cpap. Com						
Application Preparer (if different from above) Hny 35 Sign LLC  Relationship with Owner: Contractor  Phone # 608 779-9411 Email Address greg @ qualifysign on 2nd com						
Description of Proposed Encroachment:						
Install 3'X4' flag mount sign whore sidewalk						
NON-ILLUMINATED						
Encroachment Address(es): 225 3 1st ST. North						
Benefiting Tax Parcel ID #(s): 17-200 11-20						
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:						
Print Name and Title: Rick Holzer Owner						
Please return this completed application along with required information 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:  Board of Public Wor	ko					
Required items to be provided by Applicant:  Board of Public Work Approval Date:	KS					
Scale Drawing of encroachment on letter size paper(s)						
Legal Description of benefiting parcel(s)  Encroachment Type	e:					
Certificate of Insurance (City as additional Insured)						
Initial Application / Annual Fee \$ 100.00 Permit Number:						
City Utility Potential Conflict Notification and Sign-Off  All Fees are Non-Refundable & Subject to change by City Council						





Proposed Client::

Frontier Boutique

225 3rd St. N.

LaCrosse, WI 54601

608 791-1100

Upon approval / Deposit

E-Mail:

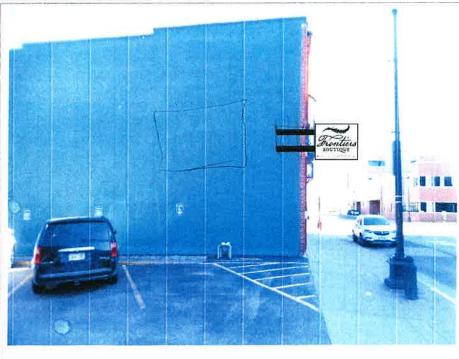
rick@familymedicalandcpap.com

507 450-9569

Contact:

Rick Holzer/ Owner

**REVISED Proposal** 



## Fabricate and Install:

Size:

3ft.h X 4ft.w

Style:

Double side

Illumination:

Non-Lit

Mounting:

Flag mount / may require thru-wall

installation/ Extended sidemount

Color:

Satin Black Automotive Grade Paint

Face:

Polycarbonate

Graphics:

High Performance Vinyl

## PLEASE ALLOW 6 TO 8 WEEKS FOR COMPLETION UNLESS OTHERWISE NOTED

Terms: 50% Deposit prior to project start

Balance: Including Sales Tax and Permit Costs, Due upon completion. A FINANCE CHARGE, maximum by law, will be made on all amounts owed over 30 days.

Note: Due to State/ Local electrical codes, the clients electrician must make the final electrical connect to building service.

Credit Cards: Transactions over \$1,000.00 subject to 3% convenience charge.

I have read and agree to the terms as listed above

CLIENT INITIAL

Hwy 35 Signs LLC, agrees to furnish labor and materials as specified above for the sum of:

\$ 3,514.00

**CUSTOMER ACCEPTANCE** 

Signature: