

FOR COMMUNICATIONS (FIBER OPTICS, TELEPHONE, CABLE, ETC.)

City of La Crosse Engineering Department

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

| Encroachment Owner: Perry McClellan-Charter C | |
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| | laska State: WI Zip: 54650 |
| Phone #608-317-6213 | Address Perry.McClellan@charter.com |
| Application Preparer (if different from above)N | Michele Peterson-Mi-Tech Services |
| Relationship with Owner:contractor for design | |
| Phone # 920-924-3690 ext 3528 Email / | Addressmpeterso@mi-tech.us |
| Description of Proposed Encroachment: | |
| bore 2" conduit (fiber) in the road right of way, place | e vault |
| Encroachment Addresses (List by Street and 100 bloc | cks): |
| Old Town Hall Rd | |
| I certify that I have reviewed the Municipal Code and understand all the have the full authority to make the foregoing application; the information complete and correct; the Work or Use performed shall comply with a rules, regulations, policies and special conditions of the City of La Croan approved permit with diligence and convenience to the public. Signature of Owner or designee: Print Name and Title: Permy McClellan Correction of the City of La Crosse Street, La Crosse, WI 54601 on the Board of Public Works agenda for consideration. Average corrections application along with required information the Board of Public Works agenda for consideration. | on in the application and the required submittals are all the laws of the State of Wisconsin, and all ordinances, asse. The applicant agrees to perform the work covered by the Sheet 2 of 2 for Additional Conditions. Date: 9-21-2021 On and fees noted on checklist below to: City of La Crosse, You will then be given notice of when your request will be |
| BELOW THIS LINE TO BE COMPLE | TED BY CITY STAFF ONLY |
| Required items to be provided by Applicant: | Board of Public Works Approval Date: |
| Scale Drawing of encroachments | |
| (Complete Utility Locate by Digger's Hotline Requried) | |
| | Encroachment Type: |
| Certificate of Insurance (City as additional Insured) | |
| Initial Application Fee \$100.00 | Permit Number: |
| City Utility Potential Conflict Notification and Sign-Off | |
| All Fees are Non-Refundable & Subject to change by City Cour | ncil SHEET 1 OF 2 |