



REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT

***** RENEWAL or TERMINATION FORM *****

City of La Crosse Engineering Department

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

Encroachment Owner: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Email Address _____

Type of Encroachment:

Encroachment Address:

Tax Parcel Number:

Issued Permit Number:

**** If Encroachment has been removed & permit to be terminated (Sign Name in Box Below):**

| | | |
|------------|-------------|-------|
| Sign Name: | Print Name: | Date: |
|------------|-------------|-------|

The above Signatory States that the Encroachment has been removed and right of way restored

Please return the completed renewal form in January annually along with valid insurance certificate and renewal fee to the following: **Attn: Engineering Department, City of La Crosse, 400 La Crosse Street, La Crosse, WI 54601**

BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY

Required items to be provided by Applicant:

Certificate of Insurance (City as additional Insured)

Annual Renewal Fee Enclosed \$ _____

Encroachment Type:

Permit Number:

RENEWAL YEAR _____