



# PETITION FOR A SPECIAL PRIVILEGE

cci-246 (7/15)

SP 2846  
CCF 200425

- New application \$250.00 Fee**
- Amendment to add items to Special Privilege # \_\_\_\_\_ (\$125.00 Fee)**
- Amendment to remove items from Special Privilege # \_\_\_\_\_ (No fee)**
- Amendment for change of ownership for Special Privilege # \_\_\_\_\_ (No fee)**

- File petition with the Department of Public Works, Attention: Special Privileges, 841 North Broadway, Room 919, Milwaukee, WI 53202.
- Fee must be submitted with petition. Checks should be made payable to the City of Milwaukee.
- Questions? Call 414-286-2454

To the Honorable, The Common Council of the City of Milwaukee:

The Licensee Mohammad Shafi  
(Name of Individual, Partners, Corporation or LLC)

being the owners of the following property known by street address as **1919 W. North Ave.**  
(Street Address and Zip Code)

in the 15th Aldermanic District respectfully petition the Common Council of the City of Milwaukee according to the provisions of Section 66.0425 of the Wisconsin Statutes, that the following privilege be granted:

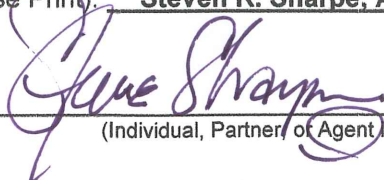
Description of Special Privilege: **Due to extensive vehicle damage to the medical building we desire to install concrete filled steel bollard posts to reduce the impact to the building structure. The most recent vehicle damage cost in excess of \$250,000.00 and over three months to correct and make the building accessible.**

Of which a plan or sketch is herewith submitted. Petitioner agrees to comply with all laws and all ordinances of the City of Milwaukee, to abide by any order or resolution of the Common Council affecting this privilege, to be primarily liable for damages to person or property by reason of the granting of such privilege, pay annual compensation as provided by law in the sum to be fixed by the proper city officers, and to file and keep current throughout the existence of the privilege, a certificate of insurance indicating applicant holds a public liability policy in at least the sums of \$25,000.00/\$50,000.00 bodily injury, and \$10,000.00 property damage, insuring the city against any liability that might arise by reason of the privilege.

Petitioner further agrees to remove said privilege whenever public necessity so requires when so ordered upon resolution adopted by the Common Council or other legislative body.

Should this special privilege be discontinued for any reason whatsoever, petitioner agrees to remove all construction work executed pursuant to this special privilege, to restore to its former condition and to the approval of the Commissioner of Public Works, any curb, pavement, or other public improvement which was removed, changed or disturbed by reason of the granting of this special privilege. Petitioner further agrees not to contest the validity of Section 66.0425 of the Wisconsin Statutes, or the legality of this special privilege in any way.

Name (Please Print): Steven R. Sharpe, Architect/Agent for Owner  
(Individual, Partner, or Agent if corporation or LLC as shown above)

Signature:  Date: March 20, 2020  
(Individual, Partner, or Agent if corporation or LLC)

Corporation or LLC Name: \_\_\_\_\_  
(If applicable, as shown above)

Mailing Address (If different than property address above): **5110 S. Loomis Road**

(OVER)

City: **Waterford** \_\_\_\_\_ State: **Wi.** \_\_\_\_\_ Zip: **53185**

Telephone: **414-807-4000** E-Mail: **ssharpe182@gmail.com**

*Architect/Engineer/Contractor (If Applicable)*

**Name: Steven R. Sharpe**

**Address: 5110 S. Loomis Road**

City: **Waterford** State: **Wisconsin** Zip: **53185**

Telephone: **414-807-4000** E-Mail: **ssharpe182@gmail.com**

**IMPORTANT NOTICE FOR CUSTOMERS PAYING BY CHECK**

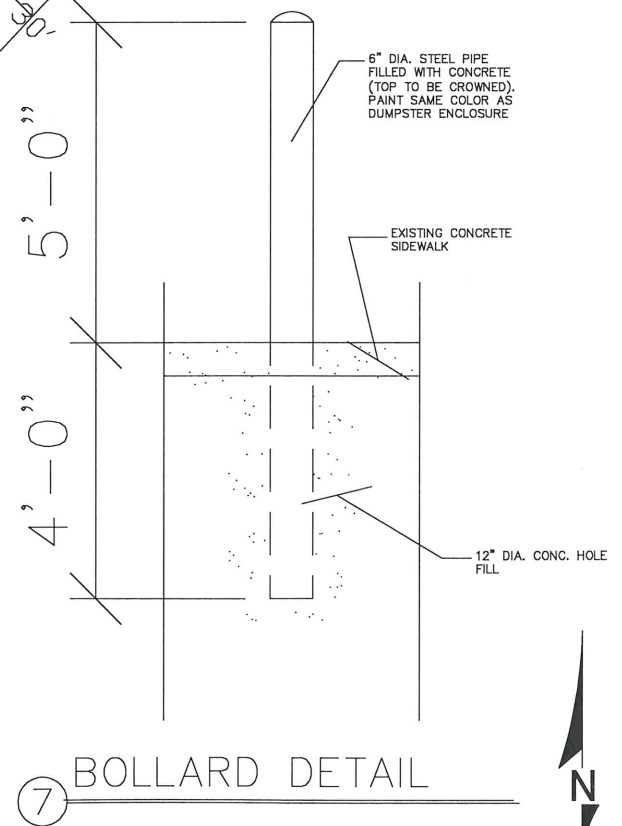
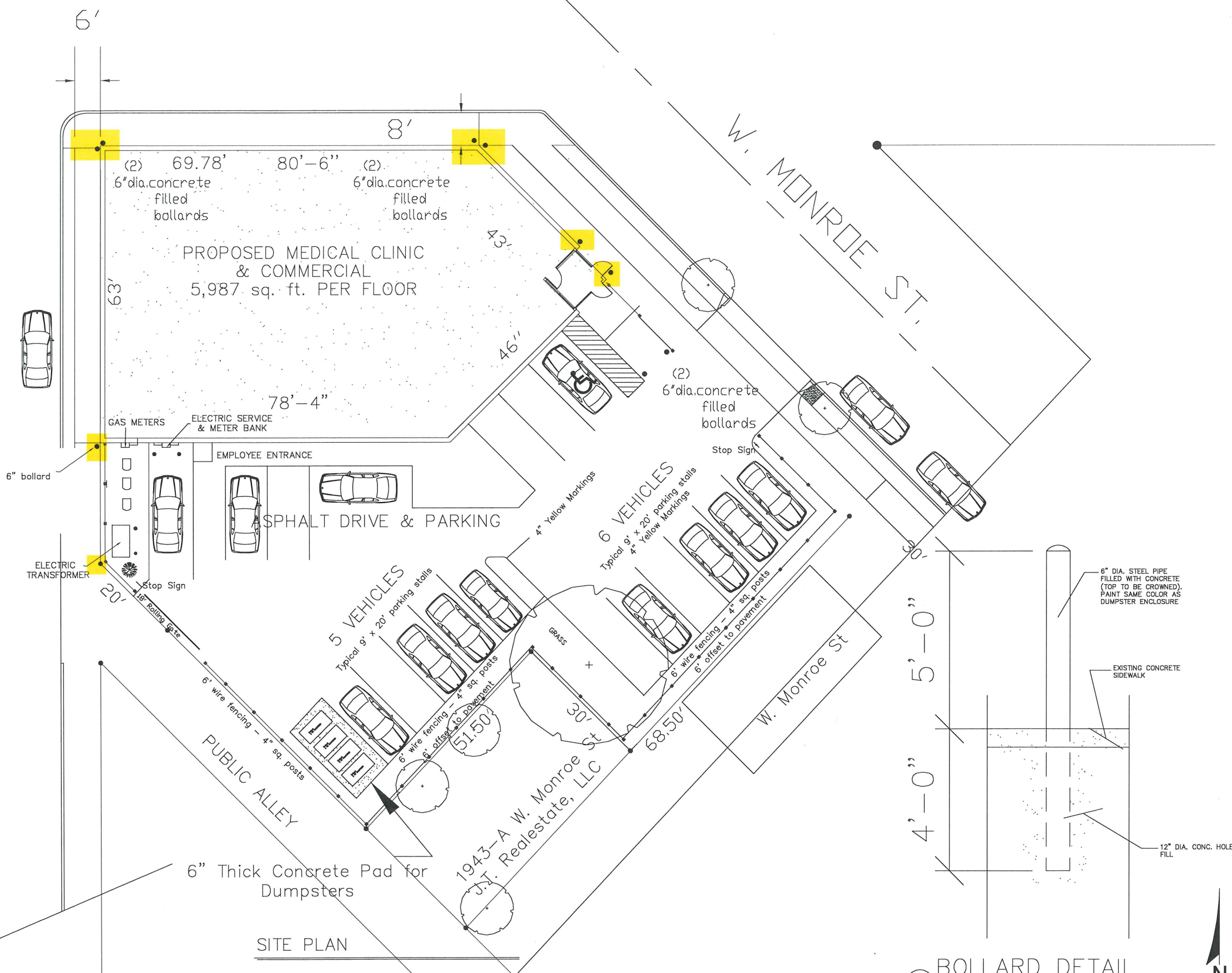
When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

W. NORTH AVENUE

N. 20TH ST.

W. MONROE ST.

PROPOSED MEDICAL CLINIC  
& COMMERCIAL  
5,987 sq. ft. PER FLOOR



CALL DIGGERS HOTLINE  
1-800-242-6511  
TOLL FREE  
WIS STATUTE 182.125(1974)  
REQUIRES MIN. 3 WORK DAYS  
NOTICE BEFORE YOU DIGGATE  
MILW. AREA 229-1181  
NOTE: The location and size of the  
underground structures and utilities  
shown herein have been located to  
a reasonable degree of accuracy,  
but the Engineer and/or Surveyor  
does not guarantee their exact  
location or the location of others  
not shown.  
Contact Diggers Hotline, Inc. Etc.

SITE PLAN

BOLLARD DETAIL

STEVEN ROBERT SHARPE  
ARCHITECT  
5110 S. Loomis Road  
Waterford, Wisconsin 53185  
Ph. (262) 534-3886 voice & fax  
Cell Ph. (414) 807-4000

BOLLARD PROTECTION PLAN  
SHAFI MEDICAL CENTER  
1919 W. NORTH AVENUE  
Milwaukee, Wisconsin

Drawn: JRZ

Checked: SRS

Date: FEB. 20, 2020

Revisions:

Project No.  
0220202

Sheet No.  
C1  
Of 1 Sheets

