

**PETITION FOR A SPECIAL PRIVILEGE
AMENDMENT**

SP 2304

**\$250.00 Publication Fee
Must Accompany This Petition
SUBMIT PETITION IN DUPLICATE**

SP: 929 CC: 891379

FEB 13 REC'D 20

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

The undersigned Aurora Health Care
(Name of Individual, Partners, Corporation or LLC)

being the owners of the following property known by street address as 3301-55 West Forest Home Avenue (15)
(Street Address and Zip Code)

in the 8th Aldermanic Districts 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:

name change for backup driveway, excess door swings, and retaining wall
(Here describe the privilege)

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, to furnish a bond and 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): Karen Krueger
(Individual, Partner, or Agent if corporation or LLC)

Signature: Karen A Krueger

Corporation or LLC Name: Aurora Health Care
(If applicable)

Mailing Address (If different than above): 3000 W. Montana Street

City: Milwaukee State: WI Zip: 53215

Telephone: 414-647-3046 E-Mail: Karen.ann.Krueger@aurora.org

(OVER)