

PETITION FOR A SPECIAL PRIVILEGE AMENDMENT

SP 2267

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

SP: 1740 CC: 971916
906 77-1233

SEP 13 2006 20

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

The undersigned Aurora Sinai Medical Center, Inc.
(Name of Individual, Partners, Corporation or LLC)

being the owners of the following property known by street address as 945 N 12th St (33)
(Street Address and Zip Code)

in the 4th 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:

underground conduit, high pressure steam mains and concrete pillar
(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): David Eager
(Individual, Partner, or Agent if corporation or LLC)

Signature: David Eager

Corporation or LLC Name: AURORA SINAI MEDICAL CENTER, INC.
(if applicable)

Mailing Address (If different than above): Po Box 343910

City: MILWAUKEE State: WI Zip: 53234-3910

Telephone: 647-3438 E-Mail: _____